

Integrated Community Case Management (ICCM) for Malaria, Pneumonia, Diarrhoea & Severe Acute Malnutrition

ICCM Facilitator Training Manual



**South Sudan
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This *Facilitator Training Manual* is one of 6 publications designed and developed by Malaria Consortium for the purposes of implementing integrated community-based case management (ICCM) of malaria, pneumonia, diarrhoea and severe acute malnutrition in Northern Bahr el Ghazal, South Sudan.

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This document is one of six publications in the Malaria Consortium ICCM Programme for NBeG:

1. **ICCM Facilitator Training Manual**
2. **ICCM Training Implementation Guidelines**
3. **CDD Competency Skills Checklist for ICCM**
4. **CDD Job Aid**
5. **CDD Flip Book**
6. **CDD Recording Form**

Acronyms

ACT	Artemisinin Combination Therapy
AS+AQ	Artesunate and Amodiaquine
CDD	Community Drug Distributor
CHD	County Health Department
CHF	Common Humanitarian Fund
CIDA	Canadian International Development Agency
CNW	Community Nutrition Worker
DOT	Directly Observed Therapy
FO	Field Officer
GoSS	Government of Southern Sudan
ICCM	Integrated Community Case Management
IRC	International Rescue Committee
MC	Malaria Consortium
MDG	Millennium Development Goal
MOH	Ministry of Health
MSH	Management Sciences for Health
MUAC	Mid Upper Arm Circumference
NBeG	Northern Bahr el Ghazal
NGO	Non Government Organization
ORS	Oral Rehydration Salts
OTP	Outpatient Therapeutic Programme
PHCU/C	Primary Health Care Unit/Centre
PO	Project Officer
RoSS	Republic of South Sudan
SAM	Severe Acute Malnutrition
SHHS	Sudan Household Health Survey
TOT	Training of Trainer
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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Introduction



Programme Overview

Burden of Childhood Diseases in South Sudan

The disease burden across South Sudan—in an environment with little health infrastructure and extremely remote populations—is very complex. Children under five face daily threats from malaria, diarrheal diseases, respiratory infections, severe acute malnutrition, and vaccine preventable diseases.

Malaria, diarrhoea and pneumonia account for more than 50% of the morbidity for all age groups of patients seen at health facilities in South Sudan. Infant mortality rate is one of the highest in the world, standing at 102 per 1,000 live births, while the under-five mortality rate is 135 per 1,000 live births¹. Malaria accounts for 20-40% of all health facility visits, 30% of all hospital admissions, and is a leading cause of death². The Sudan Household and Health Survey (SHHS) conducted in 2006 showed that 44.2% of children under-five suffered from diarrhoea and 13.6% had suspected pneumonia. In addition, the survey indicated that 32.9% of children under five were underweight, 13.5% of them were severely malnourished and 7.3% had severe wasting.

The high morbidity rate in children under-five in South Sudan is exacerbated by a lack of access to basic health services and failure to reach children with known cost effective and life saving interventions. Community-based treatment programs have proven effective at reducing child mortality from common childhood diseases in developing countries.

Integrated Community Case Management Programme

In an effort to reduce the mortality and morbidity caused by malaria, diarrhoea diseases, pneumonia, and severe acute malnutrition among children 2 months to 5 years, and to improve access to life-saving treatment at the community level in South Sudan; Malaria Consortium (MC) is carrying out the Integrated Community Case Management (ICCM) Programme in the state of Northern Bahr el Ghazal.

¹ Sudan Household Health Survey 2006

² UNICEF Operation Lifeline Sudan 2005-2009

The purpose of the ICCM Programme is to train community volunteers in remote villages, called Community Drug Distributors (CDDs), to provide community-centred diagnosis, treatment and referral of malaria, pneumonia, diarrhoea, and severe acute malnutrition (SAM) for children under five.

Additionally, the ICCM Programme aims to strengthen links between the Ministry of Health (MoH) and the community with a common goal of reducing ill health and deaths among children.

The ICCM Programme in South Sudan falls within the Child Survival Programme (2009) and the Home Health Promoters Framework. The goal of the Child Survival program is to contribute to the reduction of mortality and morbidity in children under five years through improved community based treatment and appropriate referral of children with fever (suspected malaria), pneumonia and diarrhoea. In keeping with the Millennium Development Goals (MDGs), the target is to reduce under-five mortality by 50% by 2015 in the program areas.

The Community Drug Distributors (CDDs) are trained to:

- Assess a sick child.
- Classify childhood illnesses of malaria, pneumonia, diarrhoea, and severe acute malnutrition.
- Give advice with health messages to the child's caregiver.
- Treat and/or refer a sick child to the nearest PHCU/C.
- Record and report the sick child visit.
- Follow-up to ensure the child has improved.
- Counsel caregivers how to prevent main childhood diseases.
- Counsel caregivers about early recognition and treatment of childhood illness.
- Provide support to families in the community who are trying to raise healthy, productive, and happy children.

The objective of CDDs engaged in ICCM at the community level is to improve the health in the community by early detection and treatment of malaria, pneumonia, diarrhoea and SAM. CDDs are supplied with a Toolkit of pre-packaged medicines, supplies and diagnostic tools. CDDs collect and record data on the sick children they attend to. CDDs are given supportive supervision on a monthly or bi-monthly basis by a CDD Supervisor.

Overview of Malaria Consortium

Malaria Consortium (MC) is an international non-government health organization working in Africa and Asia. Malaria Consortium's mission is the relief of sickness among poor people suffering from communicable diseases, particularly malaria, and the protection of health of poor people at risk of contracting such diseases. MC works to provide high quality technically sound communicable disease control programmes at scale. In South Sudan, MC provides support to the Ministry of Health of the Government of Southern Sudan (GoSS). This includes high level technical support for the development of policies and strategies. Control of malaria and neglected tropical diseases, community based programmes and special emphasis on health systems strengthening in all of its programmes are the major current interventions being implemented in partnership with the MoH and the community.

In 2009, Malaria Consortium received funding from Canadian International Development Agency (CIDA) and Global Fund Round 7 to implement child survival services in Unity State. The Global Fund Round 7 also extends support for Home Management of Malaria in Northern Bar el Ghazal. The goal of the programme is to reduce ill health and deaths due to malaria, diarrhoea diseases and pneumonia among children under-five years of age by improving access to life-saving treatment at the community level in Northern Bar el Ghazal.

ICCM Organizational Structure in South Sudan

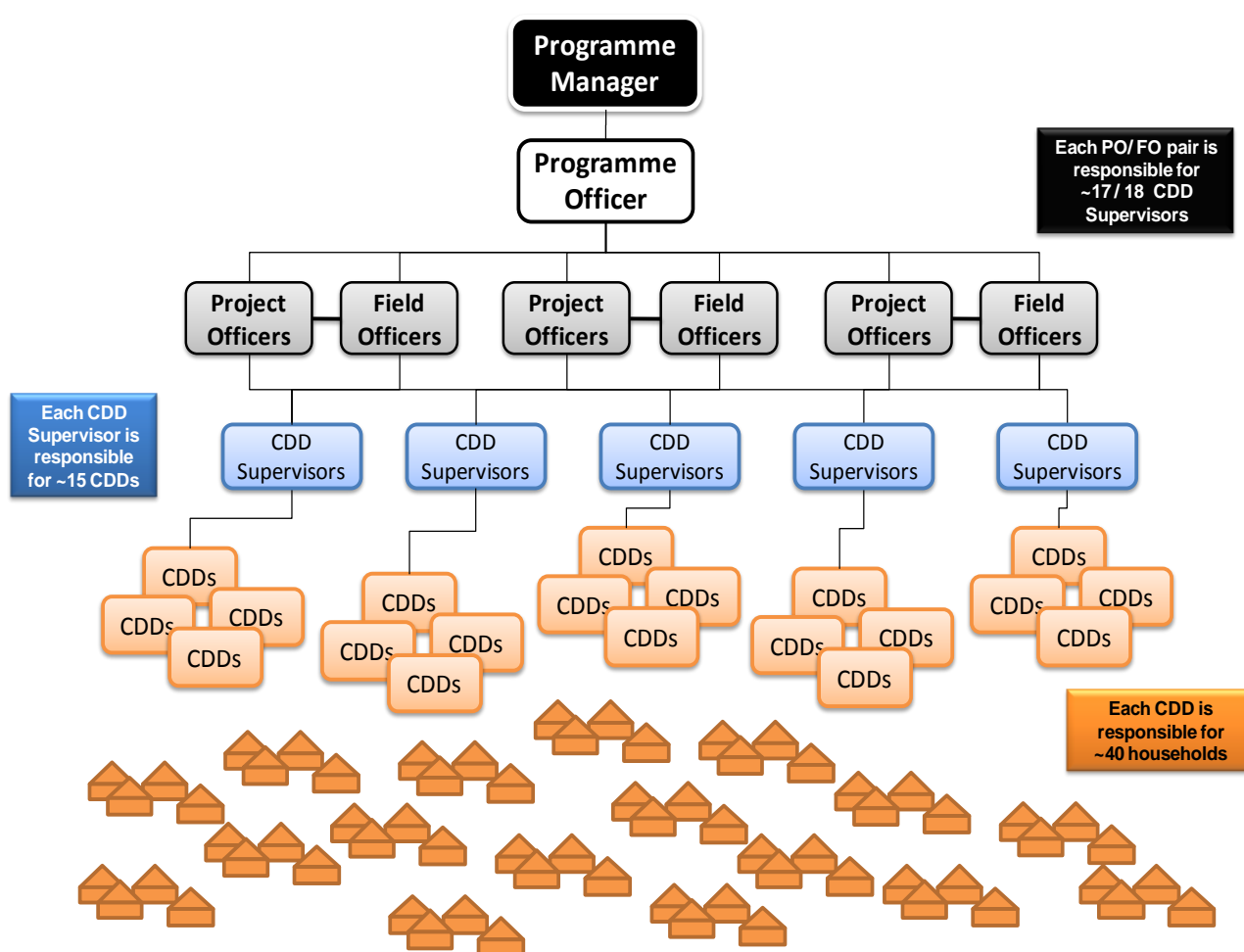
Clinical officers, nurses and public health specialists hired by Malaria Consortium work full-time on the ICCM Programme. These individuals are responsible for implementing and managing the ICCM Programme and for liaising with key partners including County Health Departments and local leaders. They include:

- ICCM Programme Manager—oversees the ICCM Programme at the field level.
- ICCM Programme Officer—oversees all programme activities for ICCM. Supervises ICCM Project Officers and Field Officers.
- ICCM Project Officers and Field Officers—implement the ICCM project activities including planning and facilitating the ICCM training of the CDD

Supervisors and the CDDs. Provide support supervision to CDD Supervisors and CDDs. Assist with community sensitization and mobilisation activities.

The CDDs Supervisors and CDDs are volunteers who are nominated by their communities and supported by the State MoH. The CDD Supervisors receive a small stipend in kind from Malaria Consortium.

- CDD Supervisors—provide technical support supervision and advice to the CDDs.
- CDDs—provide ICCM to children under 5 in their communities.



CDD Supervisor Responsibilities

- Attending and successfully completing ICCM training.
- Scheduling and conducting twice-monthly support supervision visits to individual CDDs.
- Completing the *CDD Competency Checklist* during each support supervision visit.
- Giving CDDs feedback and mentoring them on their ICCM performance.
- Completing the *Supervision Visit Report* after each support supervision visit.
- Tracking monthly ICCM data.
- Managing CDD supplies.

CDD Responsibilities

Assessment:

- Taking a medical history.
- Using active listening skills with the child's caregiver.
- Assessing for all danger signs.
- Assessing for signs and symptoms of malaria, pneumonia, diarrhoea, and severe acute malnutrition.

Classification and Referral:

- Referring children with one or more danger signs or with signs and symptoms of severe illness to the nearest PHCU/C.
- Referring children with SAM to the nearest OTP site.
- Referring any child with an illness the CDD cannot treat to the nearest PHCU/C.
- Referring sick children less than 2 months and older than 5 years to the nearest PHCU/C.
- Classifying illnesses that can be treated by the caregiver at home.

Treatment and Caregiver Advice:

- Giving the sick child the correct treatment according to the child's illness and age.
- Giving the caregiver treatment advice and referral advice.
- Giving caregivers health promotion and disease prevention messages.

Record Keeping and Follow-Up:

- Completing the *CDD Recording Form* after every sick child visit.
- Conducting a sick child follow-up visit within three days to check if the child has improved.

- Keeping an inventory of all medicines and supplies.

Overview of ICCM Training

ICCM training focuses on early detection and treatment of malaria, pneumonia diarrhoea, and severe acute malnutrition in children 2 months to 5 years old. ICCM training is structured in the same way ICCM is expected to be implemented:

- Assess the sick child.
- Classify childhood illnesses.
- Treat and/or refer the sick child to the nearest PHCU/C or OTP site.
- Give advice with health messages to the caregiver.
- Record the sick child visit.
- Follow-up to ensure the child has improved.

During the first day of training, CDDs and their supervisors are introduced to each other and to the overall purpose of the ICCM Programme, including their roles and responsibilities. CDDs and their supervisors learn how to ask about symptoms and look for signs of illness in order to assess a sick child for danger signs, fever, fast breathing, diarrhoea and malnutrition. CDDs practice using active listening skills in order to effectively communicate with caregivers, assess the history of illness and to give the correct treatment and prevention advice. CDDs learn to use various tools to classify the severity of illnesses and determine whether a sick child should be referred to the PHCU/C or whether they can be treated at home with instructions to the caregiver. CDDs and their supervisors also learn how to give the appropriate pre-referral or home-based treatment and to follow-up afterwards to ensure the child has improved. Lastly, in order for the CDDs to gain practical experience and practice their newly acquired ICCM skills, sick children in the community are invited to attend a clinical session on the 5th day of training.

Learning Objectives for ICCM Training

At the completion of the ICCM training, CDD Supervisors and CDDs will be able to:

- Ask and look for signs and symptoms of danger signs in children.
- Ask and look for signs and symptoms of malaria, pneumonia, diarrhoea, and severe acute malnutrition in children 2 months to 5 years.
- Distinguish between illnesses that need referral from those that can be treated at home by the caregiver.

- Refer children with danger signs and signs of severe malaria, severe pneumonia and severe diarrhoea to the nearest PHCU/C.
- Refer children with severe acute malnutrition to the nearest OTP site.
- Give the correct treatment and caregiver advice for the treatment of malaria, pneumonia, diarrhoea and SAM.
- Give caregivers health messages to promote good health and prevent future illnesses.
- Record cases of malaria, pneumonia, diarrhoea, and severe acute malnutrition on the *CDD Recording Form*.

How to Use this Manual

This *ICCM Facilitator Training Manual* is designed to:

- Give you a step-by-step guide to lead participatory training activities for CDDs and CDD Supervisors (training participants).
- Involve the training participants in interactive activities to help them learn and apply new skills.
- Provide consistent content and training format for all ICCM Facilitators to deliver.

The *ICCM Facilitator Training Manual* and materials are in English. ICCM Facilitators need to prepare for each activity and be prepared to translate it into the local language and terms the training participants will understand. A list of common terms in Luo, Dinka and Arabic can be found in the *Facilitator Resources* section of this manual.

It is important to allow your personal style and the dynamics of the group to tailor the structure of the sessions. Therefore, while the *ICCM Facilitator Training Manual* should be used as it is written, you should not be afraid to experiment with your own facilitation techniques, as long as the learning objectives for each session are met.

The *ICCM Facilitator Training Manual* is divided into six modules, one module for each day of the training. There is also a *Facilitator Resource* section at the end of the manual which contains technical and training resources as well as caregiver advice and health messages.

Each module includes a table of contents and a list of the needed training materials required for that day. Each module is divided into several sessions. At the beginning of each session there is a table that provides an outline of the session activities.

Sample Session Table

Expected Outcomes			
The expected outcomes or purpose of the session.			
Learning Objectives			
What the CDDs should be able to learn, know, say or do by the end of the session.			
Session Activities			
A timetable of the various session activities.			
Session	Activity	Time	Method
1.1	Introduction	10 min	Discussion
1.2	Expectations	25 min	Role Play
Duration of Session			
The approximate length of the entire session.			
Facilitator Tools			
The tools and materials the facilitator will need to have available for the session activities.			
Preparation			
What the facilitator must do or prepare ahead of time for the session to be successful.			

Facilitator Steps

Following the session table are the steps the facilitator will follow to conduct the training activities. Each step is numbered and begins with a verb to indicate what the facilitator should do:




- SAY—Information you will state aloud. You will need to translate the words that are written in ***bold italics***.
- ASK—Questions you will ask the plenary group. Each question is written in ***bold italics***. After each question there is a highlighted list of possible correct answers. After asking a question, encourage the training participants to freely answer, (even if their answers are not correct) and continue until you get as many correct answers as possible. Provide positive feedback for every correct answer and gently correct wrong answers. You may need to repeat the correct answers to reinforce the content.
- EXPLAIN—this means that you will need to explain a concept or give more information on the topic. You will need to know the content; therefore it is



important to be well prepared by reading the information in the *Introduction* and *Facilitator Resources* sections of this manual

- **READ**—this means that you will read content from this manual aloud to the training participants.
- **INSTRUCT**—this means that you will be giving the training participants instructions to follow. Whenever you give instructions it is important to repeat them several times so that they are clear and understood by all.
- **SHOW**—this means that you will demonstrate how to do an activity or role play with the co-facilitator in front of the training participants so that they can see how it is done.
- **GIVE**—this means that you will be giving the training participants, a handout, a tool form the *CDD Toolkit*, or *Instructional Pictures*.
- **INVITE**—this means that you will invite training participants to volunteer to participate in an activity.
- **DIVIDE**—this means that you will be breaking up the training participants into small groups for a group discussion or activity.

Instructional Symbols

The facilitator steps are accompanied by symbols to help you quickly find your place in the manual. The symbols represent the type of instructional method used during each session. The following is a key to the symbols:

	Plenary Presentation of information given to the entire group of CDDs, or a question and answer discussion where questions are posed to the large group about the topic.
	Small Group Discussion An activity that involves breaking up the CDDs into small groups 2 to 8 people to discuss a topic, question or a problem.
	Skill Building Activity Instructions for a training activity such as a role play, skill practice, or review game.

	<p>Demonstration</p> <p>The facilitator demonstrates how to do a skill either by role-playing a scenario or by showing how to do a skill correctly with the co-facilitator and then asking the CDD to do the same.</p>
	<p>Facilitator Tip</p> <p>Additional useful information or hints for the facilitator to train the activity.</p>

ICCM Training Modules



DAY 1—Introduction to ICCM

Session 1—Introduction to the ICCM Training Workshop	3
1.1—Formal Opening (20 min).....	4
1.2—Getting to Know Each Other (20 min).....	5
1.3—Expectations of the Training (20 min).....	5
1.4—Objectives of the Training (10 min).....	6
1.5—Group Norms (10 min).....	7
1.6—Overview of the ICCM Training (10 min)	7
Session 2—Roles and Responsibilities of the CDD in ICCM	9
2.1—Introduction to the ICCM Programme (20 min).....	10
2.2—Healthcare in the Community (45 min)	11
2.3—Roles and Responsibilities of the CDD in ICCM (30 min)	13
2.4—Active Listening and Communication (45 min)	15
2.5—Introduction to Assessment of the Sick Child (45 min)	18
2.6—Introduction to CDD Toolkit (30 min)	22
2.7—Introduction to Writing on the CDD Recording Form (20 min).....	23
Session 3—Review and Key Learnings Day 1	25
3.1—Review Game (20 min).....	26
3.2—Key CDD Learnings and Evaluation of Day 1 (10 min)	27

Facilitator Tools for Day 1



- ☐ *ICCM Training Attendance Form*
- ☐ Ink pad for thumb print
- ☐ Flipchart paper (1 ream)
- ☐ Marking pens (12 blue or black)
- ☐ Pens (1 for each CDD)
- ☐ Note pad (1 for each CDD)
- ☐ Plastic table or mats (3)
- ☐ Masking tape (1 role)
- ☐ *Instructional Pictures* (5 sets of each)
- ☐ Dolls for role play (10-12)
- ☐ Sample of each item in the *CDD Toolkit* (3 each)
- ☐ Copies of Rows and Columns handout (1 for each CDD)
- ☐ *CDD Recording Form* (one 3-ply page for each CDD)
- ☐ Ball (1)
- ☐ Cash for per diems
- ☐ *Daily Per Diem Receipt Form*

Session 1—Introduction to the ICCM Training Workshop

Expected Outcomes			
It is expected that during this session the CDDs will introduce themselves to each other and begin to get to know one another. During this session the facilitator will explain what to expect during the 6-day ICCM training workshop, define the learning objectives, establish ground rules for the group, and outline the 6-day training agenda.			
Learning Objectives			
<p>By the end of this session, the CDDs will:</p> <ul style="list-style-type: none"> • Know each other's names and interests. • Gain a clearer understanding of what to expect during the 6-day ICCM training. • Agree to a set of ground rules to make the training comfortable for all CDDs. • Know the outline of the 6-day ICCM training. 			
Session Activities			
Session	Activity	Time	Method
0	Registration of CDDs		
1.1	Formal Opening of the Training	20 min	Lecture
1.2	Getting to Know Each Other	20 min	Icebreaker
1.3	Expectations of the Training	20 min	Brainstorm
1.4	Objectives of the training	10 min	Plenary discussion
1.5	Group Norms	10 min	Presentation
1.6	Overview of the ICCM Training	10 min	Presentation
Duration of Session			
1 hour and 30 minutes			
Facilitator Tools			
<ul style="list-style-type: none"> • <i>ICCM Training Attendance Form</i> • Ink pad for thumb print • Pens • Notepads • <i>Instructional Pictures:</i> <ul style="list-style-type: none"> ○ Infant 2-11 months ○ Child 1-5 years 			
Preparation			
<ul style="list-style-type: none"> • Conduct community sensitization for ICCM and ensure the community leaders, State Ministry of Health, and local area health facilities are aware of the planned training. • Read the <i>Clinical Session Guidelines</i> (see Training Resources). • Ensure all the items in the <i>Preparing for ICCM Training Checklist</i> are completed. • Read the <i>Programme Overview and Overview of ICCM Training</i> at the beginning of this manual and be prepared to give a brief overview of Malaria Consortium and the ICCM Programme. 			

- Arrange for the local authority, Boma or village chief to give a short speech on the importance of the ICCM training and acceptance of the ICCM Programme. Ask him officially open the training.
- Invite staff members from the local PHCU/C and OTP site to attend training.
- Arrange for CDD per diems in individual payment notes.
- Review the *ICCM Training Schedule* (see Training Resources)
- Print the *ICCM Training Attendance Register*
- Arrive to the training at least 1 hour before the start to set up the room.



Facilitator Tip: The participants of the training are CDDs and CDD Supervisors. For convenience, whenever the steps refer to CDDs it also includes the CDD supervisors.

Arrival and Registration



1. Greet the CDDs and invited guests as they arrive to the training room.
2. Provide an inkpad and instruct the CDDs complete the *Training Attendance Form* and take a seat.



Facilitator Tip: Assist CDDs who are not able to write to complete the attendance form. Ask to place their thumb print as a signature for the first day of training, if they are not able to write their signature.



1.1—Formal Opening (20 min)




1. Welcome CDDs to the ICCM training workshop.
2. SAY: ***Welcome to the ICCM training for CDDs. This 6-day training aims to teach you how to help children in your community get life-saving care and treatment for pneumonia, malaria, diarrhoea and severe acute malnutrition.***
3. Give a brief overview of the goals of the ICCM Programme and the training.
4. Introduce the representatives from the PHCU/C and OTP site.
5. EXPLAIN that the representatives from the PHCU/C and OTP site are here to learn about ICCM and the role of the CDD.
6. Introduce the local village authority to officially welcome and open

	the training.
	7. Thank the representatives for the official welcome and opening of the training.

1.2—Getting to Know Each Other (20 min)


	<ol style="list-style-type: none"> 1. INSTRUCT the CDDs to form 2 circles, one inside the other. 2. INSTRUCT the CDDs to face each other. 3. EXPLAIN that the CDDs will be introducing themselves to each other by sharing the following information: <ul style="list-style-type: none"> • Their name. • Where they live. • Their favorite colour. 4. INSTRUCT each CDD to introduce themselves to the person standing in front of them. 5. After 1 minute, clap, and ask the outer circle to move to 2 steps to the right. INSTRUCT the inner circle to remain where they are. 6. INSTRUCT the CDDs to introduce themselves to the new person they are facing. 7. Repeat until the outer circle has completed one full round. 8. INVITE the CDDs to sit and thank the CDDs for their participation. 9. Encourage CDDs to meet and introduce themselves to 2 more CDDs during the tea break.
	<p>Facilitator Tip: If there are more than 20 CDDs in the training room, you will need to form 2 sets of inner and outer circles in order to complete the icebreaker activity in time.</p>

1.3—Expectations of the Training (20 min)

	<ol style="list-style-type: none"> 1. Assess what the preferred language the CDDs would like to receive the training. 2. DIVIDE the CDDs into groups of 4 people each.
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	<ol style="list-style-type: none"> 3. Ask the CDDs who have participated in the previous malaria treatment training or other ICCM trainings to raise their hands. Identify CDDs that are new to ICCM training. 4. Assign the experienced CDDs to be small group discussion leaders. 5. INSTRUCT the CDD groups to discuss with each other what they expect to learn from the ICCM training. 6. Allow 5 minutes for the small group discussion. 7. INVITE each group leader to share back in the plenary what they discussed. 8. Ensure that any expectations that will not be covered in the ICCM training are identified and CDDs understand why they will not be met.
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1.4—Objectives of the Training (10 min)


	<ol style="list-style-type: none"> 1. EXPLAIN that during the 6 days of ICCM training the CDDs will learn how to do the following: <ul style="list-style-type: none"> • Ask, look and touch for signs and symptoms of: <ul style="list-style-type: none"> danger signs malaria pneumonia diarrhoea severe acute malnutrition • Classify a sick child's illness and decide what treatment to give. • Refer children with danger signs and signs of severe illness to the nearest PHCU/C. • Refer children with severe acute malnutrition to the nearest OTP site. • Give sick children the correct medicines. • Counsel caregivers and give the correct treatment advice for malaria, pneumonia, diarrhoea, and SAM. • Record sick child visits on the <i>CDD Recording Form</i>. • Follow-up to ensure the child has improved.
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	<ul style="list-style-type: none"> • Counsel caregivers to recognize signs and symptoms of sick children and to seek treatment as soon as possible. • Give caregivers health messages to promote good health and prevent future illnesses.
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1.5—Group Norms (10 min)

	<ol style="list-style-type: none"> 1. Introduce the topic of group norms. 2. EXPLAIN how group norms are used to help the group work and learn together as a team. 3. READ and EXPLAIN the following group norms: <ul style="list-style-type: none"> • Respect other's opinions and contributions • One person speaks at a time • Ask questions • Participate in activities • Start and end on time • Full attendance for all 6 days 4. ASK: <i>Do you agree with these norms?</i> 5. ASK: <i>What other norms would you like to add?</i> 6. Ensure the CDDs agree to all the norms. 7. EXPLAIN that the norms can be revised at any time.
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1.6—Overview of the ICCM Training (10 min)

	<ol style="list-style-type: none"> 1. EXPLAIN what will be covered during each day of the training. 2. EXPLAIN that the training schedule is in the same order as the ICCM process. 3. Review the outline of the training schedule and what will be covered each day. <ul style="list-style-type: none"> • Day 1: Ask the caregiver about the child's signs and symptoms. • Day 2: Examine the child to look and feel for signs of illness.
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	<ul style="list-style-type: none"> • Day 3: Classify the child's illnesses. • Day 3: Refer children with danger signs and severe illness to the nearest PHCU/C or OTP site. • Day 4: Treat children with malaria, pneumonia, diarrhoea and SAM. • Day 6: Follow-up to ensure the child has improved. • Day 6: Give the caregiver advice and health messages. • Day 6: Record the sick child visit.
	<p>4. EXPLAIN that on Day 5:</p> <ul style="list-style-type: none"> • There will be a clinical session to allow the CDDs to practice their newly learned ICCM skills with sick children from the community. • CDDs will be evaluated during the clinical session to see if they can correctly do all of the ICCM skills.
	<p>5. EXPLAIN that only CDDs that attend every day of the ICCM training and who do well during the clinical session will be awarded a <i>Certificate of Competency</i> and given the treatment medicines at the end of training</p>
	<p>6. EXPLAIN that CDDs who do not attend all 6 days of ICCM training and who cannot do all of the ICCM skills, will receive a <i>Certificate of Attendance</i> and will NOT receive the treatment medicines. They can attend the refresher training at a later date.</p>
	<p>7. EXPLAIN the following training logistics:</p> <ul style="list-style-type: none"> • Start and end times for each day. • What time and where the tea breaks will take place. • What time and where lunch will take place. • Payment schedule and amount of per diems. • Incentives that will be provided.

Tea Break

Session 2—Roles and Responsibilities of the CDD in ICCM

Expected Outcomes			
It is expected that during this session the CDDs will gain a better understanding of the ICCM Programme and their roles and responsibilities. CDDs will learn how to use active listening skills and when interacting with caregivers. CDDs will be introduced to the first step in the ICCM Process and to the <i>CDD Toolkit</i> . CDDs will also begin to practice writing on the <i>CDD Recording Form</i> .			
Learning Objectives			
<p>By the end of this session, the CDDs will be able to:</p> <ul style="list-style-type: none"> • State what ICCM stands for. • Paraphrase the objectives of the ICCM Programme. • List the illnesses and target groups covered in the ICCM Programme. • Identify the challenges families face seeking treatment for sick children. • Describe the CDDs role and responsibilities in the ICCM Programme. • Practice active listening and communication skills. • Describe the items in the <i>CDD Toolkit</i>. • Practice writing in rows and columns of the <i>CDD Recording Form</i> 			
Session Activities			
Session	Activity	Time	Method
2.1	Introduction to the ICCM Programme	20 min	Plenary discussion
2.2	Healthcare in the Community	45 min	Small group activity
2.3	Roles and Responsibilities of the CDD	30 min	Small group discussion
2.4	Active Listening and Communication	45 min	Brainstorm, role play
2.5	Introduction to Assessment of the Sick Child	45 min	Brainstorm, role play
2.6	Introduction to the CDD Toolkit	30 min	Demonstration, practice
2.7	Introduction to Writing on the CDD Recording Form	20 min	Demonstration, practice
Duration of Session			
4 hours (lunch break in between)			
Facilitator Tools			
<ul style="list-style-type: none"> • Flipchart paper • Marking pens • Collapsible plastic tables or mats • Masking tape • Sample items from the <i>CDD Toolkit</i> (5 of each) • <i>Instructional Pictures</i>: <ul style="list-style-type: none"> ○ Infant 2-11 months 			

- Child 1-5 years
- Dolls for role play (10-12)
- Copies of *Rows and Columns* handout (1 for each CDD)
- *CDD Recording Form* (1 three-ply page for each CDD)

Preparation

- Read the *CDD Code of Conduct* (see Training Resources).
- Read the *CDD Community Service Agreement* (see Training Resources).
- Be prepared to explain all the items in the *CDD Toolkit* (see Training Resources)
- Print copies of the *Rows and Columns* handout (see Training Resources).

2.1—Introduction to the ICCM Programme (20 min)





1. ASK: ***Would anyone like to summarize what they remember about the ICCM Programme from this morning?***
 - Give positive feedback for correct information.
 - Clarify any incorrect information.
2. SAY: ***The aim of ICCM is to recognize and treat sick children as soon as possible.***
3. ASK: ***Does anyone know what illnesses children under 5 years of age die from in South Sudan?***

Accept or explain the following answers:



 - Malaria
 - Pneumonia
 - Diarrhoea diseases
 - Severe acute malnutrition
4. EXPLAIN these are the illnesses the CDDs will be learning more about during the ICCM training.
5. ASK: ***Does anyone know how old the children you will be helping in the ICCM Programme?***



Accept or explain the following answers:




 - Children between 2 months and 5 years of age.
6. SHOW the *Instructional Pictures* for
 - *Infant 2-11 months*

	<ul style="list-style-type: none"> • <i>Child 1-5 years</i> <p>7. ASK: <i>What must you do if a caregiver with a child younger than 2 months comes to you for help?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Children less than 2 months must ALWAYS be referred to the PHCU/C. <p>8. ASK: <i>What must you do if a caregiver with a child older than 5 years comes to you for help?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Children older than 5 years and adults must ALWAYS be referred to the PHCU/C.
	<p>9. DIVIDE the CDDs into pairs.</p> <p>10. INSTRUCT each pair to discuss:</p> <ul style="list-style-type: none"> • <i>Why is ICCM important for your community?</i> • <i>Who will benefit from ICCM in the community?</i> <p>11. Allow 10 minutes for discussion.</p>
	<p>12. INVITE a few pairs to share what they discussed group in their small with the plenary group.</p> <p>13. Thank the group for their participation</p>


2.2—Healthcare in the Community (45 min)


	<p>Facilitator Tip: If possible bring collapsible plastic tables or mats for the CDDs to be able to have a hard surface to write on.</p>
	<ol style="list-style-type: none"> 1. DIVIDE the CDDs into small groups of 4 people each. 2. Assign an experienced CDD or CDD Supervisor to each group. (if possible). 3. GIVE each group a piece of flipchart paper and a marking pen. 4. SHOW the CDDs how to draw a community map by drawing a

	<p>sample community map on a sheet of flipchart paper.</p> <ol style="list-style-type: none"> 5. SHOW and EXPLAIN that you want them to draw pictures of their households, health facilities, roads and other important locations in their community. 6. INSTRUCT each group to draw map of their village / community and include the following landmarks on their map: <ul style="list-style-type: none"> • Location of their household. • Location of the CDD Supervisor's household. • Location of the community leader's or chief's household. • Location of the nearest health facility or PHCU/C and hospital. • Location of the nearest OTP site. • Location of other health services available in the community. • Location of the nearest community centre, church or school. • Location of the market. • Location of the water supplies. • Location of the main transport or bus station. • Location of the home of the traditional birth attendant. • INGOs/NGO working in their community. 7. Allow the groups 15 to 20 minutes to draw their map. 8. Circulate among the groups and provide assistance as needed.
	<ol style="list-style-type: none"> 9. Once each group has finished drawing their map, instruct the small groups to discuss the challenges their community has getting health care for a sick child. 10. Allow 10 minutes for discussion.
	<p>Facilitator Tip: The following plenary session includes asking CDDs questions about their maps. The CDDs may not know some of the answers. It is not necessary to ask each group every question. Encourage participation from others in the plenary.</p> <p>Ask the co-facilitators to RECORD the CDD responses and include them in the training report.</p>

	<p>11. INVITE each small group to stand and explain their map to the plenary group.</p> <p>12. As the groups are describing their map, take turns asking them the following questions:</p> <ul style="list-style-type: none"> • <i>How many children do families have?</i> • <i>How many children are younger than 5?</i> • <i>How many children die before they reach 5 years?</i> • <i>What do children in your community die from?</i> • <i>Where do families go first to get care for sick children?</i> • <i>Why do the families go to this place?</i> • <i>Where else do families go to take care of the sick?</i> • <i>Do families go to different places because of cost?</i> • <i>Do families go to different places because of how far they must travel?</i> • <i>How long does it take to walk to the nearest PHCU/C from the village?</i> • <i>How long does it take to get to the nearest PHCU/C by taking local transport? How much does it cost?</i> • <i>How long does it take to get to the nearest PHCU/C by private vehicle? How much does it cost?</i>
	<p>13. INVITE the representative from the PHCU/C to say a few words about their facility and the services they give.</p>
	<p>Facilitator Tip: Collect or photograph the community maps at the end of the session.</p>

2.3—Roles and Responsibilities of the CDD in ICCM (30 min)


	<p>1. DIVIDE the CDDs into small groups of 4 people each.</p> <p>2. INSTRUCT each group to discuss the following 2 questions:</p> <ul style="list-style-type: none"> • <i>Why do you want to be a CDD?</i> • <i>What do you think the responsibilities of a CDD are?</i>
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	<p>3. Allow 15 minutes to discuss.</p>
	<p>4. INVITE each group to share their responses in a plenary session.</p> <p>5. Make notes of the CDD responses.</p> <p>6. READ and EXPLAIN the following CDD Responsibilities for Assessment:</p> <ul style="list-style-type: none"> • Take a medical history. • Use active listening skills with the child's caregiver. • Ask, look and feel for danger signs. • Ask, look and feel for signs and symptoms of malaria, pneumonia, diarrhoea, and SAM. <p>7. READ and EXPLAIN the following CDD Responsibilities for Classification and Referral:</p> <ul style="list-style-type: none"> • Use the <i>CDD Job Aid</i> to decide if a sick child needs referral or if they can be treated at home. • Refer children with 1 or more danger signs to the nearest PHCU/C. • Refer children with signs and symptoms of severe illness to the nearest PHCU/C. • Refer children with SAM to the nearest OTP site. • Refer any child with an illness the CDD cannot treat to the nearest PHCU/C. • Refer sick children less than 2 months and older than 5 years to the nearest PHCU/C. <p>8. READ and EXPLAIN the following CDD Responsibilities for Treatment and Caregiver Advice:</p> <ul style="list-style-type: none"> • Give the correct treatment and advice according to the child's illness and age. • Use the <i>CDD Job Aid</i> to give the caregiver treatment advice. • Counsel caregivers on the correct treatment and give the correct treatment handout with all medicines. • Use the <i>CDD Job Aid</i> to give caregivers health promotion and disease prevention messages. <p>9. READ and EXPLAIN the following CDD Responsibilities for</p>




	<p>Record Keeping and Follow-Up:</p> <ul style="list-style-type: none"> • Complete the <i>CDD Recording Form</i> after every sick child visit. • Do a sick child follow-up visit in 3 days to check if the child has improved. • Keep an inventory of medicines and supplies. <p>10. Ask CDDs if they have any questions. Clarify any misunderstandings.</p> <p>11. EXPLAIN that during the ICCM training the CDDs will learn how to do each responsibility.</p> <p>12. ASK: <i>What qualities should a CDD have?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Be willing to volunteer for the good of the community. • Be respected, loyal and trustworthy village resident. • Keep medical information of the patient private. • Do not favour 1 member of the community over the other. • Interested in health of the community. • Able to commit to the time frame needed for the CDD role. <p>13. EXPLAIN each item in the <i>CDD Code of Conduct</i>.</p> <p>14. EXPLAIN the purpose and content of the <i>CDD Community Service Agreement</i>.</p> <p>15. EXPLAIN that CDDs who receive a <i>Certificate of Competence</i> will be asked to agree to the <i>Community Service Agreement</i> on the last day of training.</p>
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Lunch Break

2.4—Active Listening and Communication (45 min)


	<p>Facilitator Tip: The following plenary discussion is about communication and listening. There may be cultural differences regarding non-verbal communication. You may need to do a little more probing in order to get CDDs to respond to your questions.</p>
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	<ol style="list-style-type: none"> 1. Welcome everyone back from lunch. Thank those who followed the Group Norms and were back on time. 2. ASK: <i>What is needed for two people to communicate?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Talking • Listening • Watching others gestures • Asking questions 3. ASK: <i>What does it mean to be a good listener?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Give feedback that you understand what the person is saying by nodding, smiling or saying you understand. • Ask questions if you do not understand. • Restate or summarize what you think the other person said. • Try not to interrupt. 4. ASK: <i>Who will the CDDs communicate with when talking about a sick child?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • The child's mother or father. • The child's caregiver. 5. SAY: <i>A child's caregiver is anyone who is responsible for the child's well being. It can be a parent, a family member, or a neighbour.</i> 6. ASK: <i>Why is good communication important for CDDs?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • To get as much information about the sick child from the caregiver. • To give clear instructions to the caregiver about treatment and referral.
	<ol style="list-style-type: none"> 7. EXPLAIN that you will now role-play how a CDD can use good listening skills with a caregiver. 8. INSTRUCT the CDDs to watch the role-play and look for good

	<p>listening skills.</p> <p>9. SHOW how to practice active listening skills with your co-facilitator using the following case scenario:</p> <ul style="list-style-type: none"> • <i>Abuk is 3 years old.</i> • <i>She is sick with fever.</i> • <i>She has had fever for 2 days.</i> • <i>She is not eating much.</i> • <i>She is not vomiting.</i>
	<p>Facilitator Tip: Role-play the above case scenario with your co-facilitator. Ask the caregiver how old the child is and what the child's problem is. Ask the caregiver clarifying questions about the child's signs and symptoms and how long the child has had the fever. Ask if the child has had any other symptoms.</p> <p>Make sure to show how to:</p> <ul style="list-style-type: none"> • Give non-verbal feedback. • Ask questions to clarify information you do not understand. • Restate or summarize what you heard.
	<p>10. After the role-play, ASK: <i>What did you see?</i></p> <p>11. SAY: <i>Good communication skills are:</i></p> <ul style="list-style-type: none"> • <i>Looking at the person you are communicating with.</i> • <i>Asking questions in a language the caregiver can understand.</i> • <i>Listening to what the caregiver says.</i> • <i>Showing you understand by nodding.</i> • <i>Asking questions if you do not understand.</i> • <i>Repeating what you heard in your own words.</i> • <i>Asking the caregiver to confirm your understanding.</i>
	<p>12. DIVIDE CDDs into groups of 3 people each.</p> <p>13. EXPLAIN that CDDs will now practice active listening and communication skills.</p>

	<p>14. EXPLAIN that each group will take turns playing the following 3 roles:</p> <ul style="list-style-type: none"> • The person asking questions • The person giving answers • The observer (watcher) <p>15. EXPLAIN that the role of the <u>person asking questions</u> is to ask directions to the nearest PHCU/C.</p> <p>16. EXPLAIN that the role of the <u>person giving the answers</u> is to give the directions.</p> <p>17. EXPLAIN that the role of the <u>observer</u> is to look and listen to the communication between the 2 others and to let each person know what they each did well when they are finished.</p> <p>18. Repeat again that they will take turns playing all 3 roles.</p> <p>19. Ask each group to decide who will play each role first and instruct them to begin.</p> <p>20. After a few minutes, SAY: Stop.</p> <p>21. INSTRUCT the observer to comment on what they saw. Allow 2 minutes.</p> <p>22. INSTRUCT the small groups to change roles.</p> <p>23. Repeat twice so everyone has the opportunity to play all 3 roles.</p>
	<p>24. ASK: <i>What worked well?</i></p> <p>Allow several responses.</p> <p>25. End the session by asking CDDs to practice active listening skills with each other throughout the training.</p>

2.5—Introduction to Assessment of the Sick Child (45 min)

	<p>1. EXPLAIN that during the active listening role play done earlier, you and your co-facilitator showed the first steps of assessing a sick child.</p> <p>2. ASK: <i>Would anyone like to share what they remember about that role play?</i></p>
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	<p>Allow several responses.</p> <p>3. SAY: <i>Assessment is about <u>asking</u> about signs and symptoms and also <u>looking and touching</u> for signs of illness.</i></p> <p>4. SAY: <i>Today you will learn how to <u>ask</u> the caregiver questions. It is called taking a medical history.</i></p> <p>5. ASK: <i>What does it mean to take a medical history?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • To ask the child's age. • To ask the sex of the child. • To ask what the child's problem is. • To ask about the child's symptoms. • To ask about how long the child has been sick. • To ask about how the child has been behaving. • To ask about how the child has been eating or sleeping. • To ask if there are others who are also sick in the household. • To ask what may have caused the child to become sick. <p>6. ASK: <i>Why is it important to ask the caregiver questions about a sick child?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • It helps CDDs learn as much as they can about the child's symptoms. • Caregivers can forget to give you information. <p>7. ASK: <i>How must you greet and receive the caregiver?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Greet the caregiver in a friendly way. • Introduce yourself. • Invite the caregiver into your house and sit with the child in a comfortable place. • Ask the caregiver's name. • Ask the child's name. • Ask where they live. • Sit facing the caregiver.
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8. EXPLAIN and SHOW how to ask the caregiver about the sick child:

- Ask the child's name.
- Ask the child's age.
- Ask the child's sex.
- Ask what the child's problem is.
- Speak clearly using words the caregiver can understand.
- Give the caregiver time to answer and listen carefully to what she says.
- Ask if there are any others who are sick in the household.
- Look at the child as the caregiver tells you about the child's symptoms.
- Ask questions about the child's symptoms.
- Ask how long the child has had the symptoms.
- If the caregiver looks confused, ask if they understand the question. Repeat or rephrase the question.
- Give the caregiver enough time to respond.

9. ASK: ***Why is it important to ask the child's age?***

Accept or explain the following answers:

- It will help to decide how much drug to give.
- Children less than 2 months must always be referred.
- Children more than 5 years must always be referred.

10. ASK: ***What can you do to assess the age of the child if the caregiver does not know?***



Accept or explain the following answers:

- Ask about specific events that happened when the child was born.
- Look at the number of teeth the child has.
- Observe to see if the child can sit, stand or walk on his/her own.

11. ASK: ***Why is it important to ask how long the child has had the symptoms?***

Accept or explain the following answers:

- It will help to decide if the child must be referred to the

	<p>PHCU/C.</p> <p>12. SAY: <i>It is very important to practice good listening skills. Listen to how the caregiver answers your questions.</i></p>
	<p>13. DIVIDE CDDs into the same group of 3 people each.</p> <p>14. EXPLAIN to the CDDs that they will now practice asking the caregiver questions about the sick child using active listening skills.</p> <p>15. EXPLAIN that each group of 3 people will take turns playing the following 3 roles:</p> <ul style="list-style-type: none"> • The CDD • The caregiver • The observer (watcher) <p>16. EXPLAIN that the role of the <u>CDD</u> is to ask the caregiver questions about the sick child.</p> <p>17. EXPLAIN that the role of the <u>caregiver</u> is to answer questions about a sick child using the following scenario:</p> <ul style="list-style-type: none"> • <i>The sick child is 2 years old. Has had a fever for 5 days.</i> <p>18. EXPLAIN that the role of the <u>observer</u> is to watch and listen to the communication between the other 2 and to let them know what they each did well at the end of the role play.</p> <p>19. Repeat again that they will each take turns playing all 3 roles.</p> <p>20. Ask each group to decide who will play each role first and instruct them to begin.</p> <p>26. After a few minutes SAY: Stop.</p> <p>21. INSTRUCT the observer to give feedback. Allow 2 minutes.</p> <p>22. INSTRUCT the small groups to rotate roles.</p> <p>23. Repeat twice so everyone has the opportunity to play all 3 roles.</p>
	<p>24. ASK: <i>What worked well?</i></p> <p>Allow several responses.</p> <p>25. SAY: <i>Assessment is about <u>asking</u> and <u>looking</u> and <u>touching</u>.</i></p>

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| | <p>26. End the session by explaining that tomorrow the CDDs will learn how to <u>look and touch</u> the sick child for signs of illness.</p> |
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Tea Break

2.6—Introduction to CDD Toolkit (30 min)





1. EXPLAIN to the CDDs that they will get a *CDD Toolkit* on the last day of training.
2. SAY: ***You will learn how to use each of the tools in the CDD Toolkit during the training. Today you will learn what they are called and what they are used for.***
3. SHOW each item in the *CDD Toolkit* and say the name of each tool.
4. INSTRUCT the CDDs to repeat the name of the tool after you.
5. For each item in the kit, ASK:
 - ***Have you seen this before?***
 - ***Do you know what it is for?***

Accept or explain what each CDD tool is used for:

- **CDD Job Aid**—a picture guide to help the CDD remember the steps of assessment, classification, referral and treatment of a child with danger signs, malaria, pneumonia, diarrhoea, and SAM. Contains pictures and health messages to the caregiver.
- **Respiratory Timer**—to time the number of breaths a child takes in 1 minute.
- **Respiratory Beads** (infant and toddler)—to help count the number of breaths a child takes in 1 minute.
- **MUAC (middle-upper arm circumference) tape**—to measure the child's left upper arm to decide if the child has severe acute malnutrition or SAM.
- **Referral Triangles**—given to the caregiver when children are referred to the PHCU/C or OTP site. The red triangle is for immediate referral for danger signs. The yellow triangle is for referral of severe illness. The malnutrition triangle is for

	<p>immediate referral to an OTP Site</p> <ul style="list-style-type: none"> • ICCM Treatment Medications—given only to CDDs who receive a <i>Certificate of Competence</i> at the end of training. They include: <ul style="list-style-type: none"> AS+AQ for treatment of malaria. 2-11 month and 1-5 years. Amoxicillin for the treatment of pneumonia. 2-11 month and 1-5 years. ORS packets for the treatment of dehydration from diarrhoea. Zinc tablets for the treatment of diarrhoea. 2-6 months and 7 months to 5 years. • Treatment Handouts—given to the caregiver to explain how to give the child's medicine treatment. There is 1 handout for each medicine and dose. • Jerry Can—used to store 1 litre of safe water to use to mix medicines and ORS solution. • Cup and Spoon—given to crush and mix the medicine tablets. • CDD Recording Form—used to record all sick children seen and the treatments given. • Medicine Box—for safely storing all medicines and tools to keep them dry and away from children and animals <p>6. Pass a sample each tool around for the CDDs to examine.</p>
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2.7—Introduction to Writing on the CDD Recording Form (20 min)

	<p>Facilitator Tip: If possible, bring plastic tables or a mat so that CDDs have a hard surface to write on.</p>
	<ol style="list-style-type: none"> 1. GIVE each CDD the top 3 pages of the <i>CDD Recording Form</i>. 2. SAY: <i>After every sick child visit you must complete the CDD Recording Form.</i> 3. EXPLAIN each section of the <i>CDD Recording Form</i>. 4. INSTRUCT the CDDs to look at the form while you explain. 5. EXPLAIN the following: <ul style="list-style-type: none"> • The top section contains general information. The CDD

Supervisor will help CDDs complete this section.

- The form is divided into the sections that need to be completed by marking the correct box with a tick mark.
- Under the section for the child's name, the CDD can write the name or they can ask somebody in the community to assist with writing the name.
- There are pictures on the top of each column to help identify what needs to be marked.
- CDDs will practice how to complete each section of the form during each day of training.

6. EXPLAIN that the form has 3 layers. The top 2 sheets will be collected by the so the CDD Supervisor.

7. EXPLAIN that it is important to write with a pen on a hard surface so that it marks the other copies.

8. SAY: ***Today you will practice making tick marks in rows and columns.***

9. GIVE each CDD a copy of the *Rows and Columns* handout.

10. Ensure every CDD has a pen.

11. EXPLAIN the difference between a row and a column.

12. EXPLAIN the reason why the rows are shaded is to help stay on the same row.

13. SHOW on flipchart paper how to put a tick mark in the first row and first column box.

X			

14. SHOW how to put a tick mark in the first row and second column.

	X		

15. INSTRUCT the CDDs to practice putting tick marks in each of the boxes of the first row.

16. SHOW how to put a tick mark in the second row and first column.

	X				
17.	INSTRUCT the CDDs to practice putting tick marks in <u>each</u> of the boxes of the <u>second row</u> .				
18.	SAY: <i>Now you are going to practice putting tick marks in only some of the rows and columns.</i>				
19.	INSTRUCT the CDDs to practice putting tick marks in <u>the following</u> of the boxes:				
	<ul style="list-style-type: none"> • <u>Third row</u>: first, second and fourth column • <u>Fourth row</u>: third, fifth and sixth column. 				
	X	X		X	
			X		X
20.	Assist the CDDs as needed with the co-facilitator.				
21.	SHOW the CDDs the columns for name, sex and age of the child on the <i>CDD Recording Form</i> .				
22.	INSTRUCT the CDDs to practice putting tick marks on the <i>CDD Recording Form</i> in the following boxes:				
	<ul style="list-style-type: none"> • First row: female, 2-11 months • Second row: male, 2-11 months • Third row: female, 1-5 years • Fourth row: female, 1-5 years 				
23.	Assist the CDDs as needed with the co-facilitator and ensure they press hard enough for all 3 copies to be marked clearly.				
24.	EXPLAIN to the CDDs that tomorrow they will practice using the form again.				

Session 3—Review and Key Learnings Day 1

Expected Outcomes

During this session the CDDs will play a competitive review game to reinforce the key content they learned in Day 1. CDDs will also review key learnings for Day 1 and answer questions to evaluate how the training went.

Session Activities

Session	Activity	Time	Method
3.1	Review Game	20 min	Game
3.2	Key CDD Learnings and Evaluation of Day 1	10 min	Plenary

Duration of Session

30 minutes

Facilitator Tools

- Ball
- Notepad to record responses to CDD evaluation questions.
- Cash for CDD per diems
- *Daily Per Diem Receipt Form*

Preparation

- Complete required information on the *Daily Per Diem Receipt Form*.



3.1—Review Game (20 min)



1. INVITE the CDDs to stand in a large circle.
2. SAY:
 - *It is time to review what we have learned today.*
 - *We are going to play a game.*
 - *You will throw this ball to each other.*
 - *When you catch the ball, say 1 thing you learned today about the ICCM Programme. Then throw the ball to another person.*
 - *After you throw the ball, put your hands behind your back.*
 - *Do NOT repeat what others have said.*
3. Start by throwing the ball to a CDD.
4. After all CDDs have had a turn, congratulate the CDDs.
5. SAY: *Let's do this again a little faster. This time say 1 thing you learned today about the roles and responsibilities of the CDDs.*

	<ol style="list-style-type: none"> 6. Repeat the ball throwing activity. 7. After all CDDs have had a turn, congratulate the CDDs. 8. SAY: <i>Let's do it 1 more time even faster. This time say 1 thing you learned about <u>communication skills and asking the caregiver questions.</u></i> 9. Repeat the ball throwing activity. 10. Congratulate everyone for their participation.
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3.2—Key CDD Learnings and Evaluation of Day 1 (10 min)


	Facilitator Tip: Ask the co-facilitator to record the responses to the evaluation questions for Day 1. Document the responses for the Training Report.
	<ol style="list-style-type: none"> 1. Ask CDDs if they have any questions about what they learned today. 2. SAY the following Key CDD Learnings for Day 1 and invite the CDDs to repeat them aloud. <ul style="list-style-type: none"> • <i>CDDs can help improve the health of the community.</i> • <i>The aim of ICCM is to recognize and treat sick children as soon as possible.</i> • <i>Good communication is important when talking to caregivers.</i> • <i>Assessment is about asking about signs and symptoms and about looking and touching for signs of illness.</i> 3. ASK: <i>What did you like most about the training today? Why?</i> Accept answers and ask co-facilitator to record feedback. 4. ASK: <i>What was difficult about the training today? Why?</i> Accept answers and ask co-facilitator to record feedback. 5. ASK: <i>Was the language of the training easy to understand?</i> Accept answers and ask co-facilitator to record feedback. 6. ASK: <i>Was there enough time to practice new skills?</i> Accept answers and ask co-facilitator to record feedback.

	<ol style="list-style-type: none"> 7. EXPLAIN how tomorrow the CDDs will learn more about how to assess a sick child with fever, fast breathing, diarrhoea and severe acute malnutrition. 8. Explain to the CDDs what time to arrive on Day 2. 9. Remind the CDDs of the Group Norms to arrive on time. 10. Distribute the daily per diems and ask CDDs to mark the <i>Daily Receipt Form</i> with a thumb print. 11. End Day 1.
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Facilitator Tools for Day 2

	<ul style="list-style-type: none"> <input type="checkbox"/> ICCM <i>Training Attendance Form</i> <input type="checkbox"/> Ink pad for thumb print <input type="checkbox"/> Flipchart paper (1 ream) <input type="checkbox"/> Marking pens (12 blue or black) <input type="checkbox"/> Plastic table or mats (3) <input type="checkbox"/> Masking tape <input type="checkbox"/> <i>Instructional Pictures</i> (5 sets of each) <input type="checkbox"/> Dolls for role play (10-12) <input type="checkbox"/> <i>CDD Job Aid</i> (1 for each CDD) <input type="checkbox"/> Towels (2) <input type="checkbox"/> Respiratory timers (1 for each CDD) <input type="checkbox"/> Respiratory beads infant (1 for each CDD) <input type="checkbox"/> Respiratory beads child (1 for each CDD) <input type="checkbox"/> Plastic bags (5) <input type="checkbox"/> Water (3 litres) <input type="checkbox"/> MUAC tapes (1 for each CDD) <input type="checkbox"/> <i>CDD Recording Form</i> (one 3-ply page for each CDD) <input type="checkbox"/> Cash for per diems <input type="checkbox"/> <i>Daily Per Diem Receipt Form</i>
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Session 1—Assessing a Sick Child for Danger Signs

Expected Outcomes

All the sessions in Day 2 are designed to build upon one another and reinforce the process of assessing a sick child. During this session, CDDs will learn how to look for signs of illness and how to assess and identify danger signs which require immediate referral.

Learning Objectives

By the end of this session, the CDDs will be able to

- Ask the caregiver questions about the symptoms of danger signs.
- Recognize danger signs in children under 5.
- Examine a child for danger signs.

Session Activities

Session	Activity	Time	Method
1.1	Review of Day 1	15 min	Plenary discussion
1.2	The Assessment Process—Looking for Signs of Illness	30 min	Plenary discussion
1.3	Asking and Looking for Danger Signs	45 min	Plenary and practice

Duration of Session

1 hour 30 minutes

Facilitator Tools

- *ICCM Training Attendance Form*
- *CDD Job Aid*
- Red laminated triangles
- Dolls
- *Instructional Pictures:*
 - All danger signs
 - Red triangle with PHCU/C
 - PHCC

Preparation

- Ensure all the *Instructional Pictures* are clean and in the correct order.

Daily Registration



1. Greet the CDDs as they arrive to the training room.
2. Provide an inkpad and instruct the CDDs complete the *Training Attendance Form* and take a seat.




Facilitator Tip: Assist CDDs who are not able to write to complete the attendance form. Ask to place their thumb print as a signature for the first day of training, if they are not able to write their signature.


1.1—Review of Day 1 (15 min)



1. INVITE a CDD to summarize the activities from Day 1.
2. ASK: ***What are the illnesses in the ICCM Programme?***
Accept or explain the following answers:
 - Malaria
 - Pneumonia
 - Diarrhoea
 - Severe Acute Malnutrition
3. ASK: ***What are the ages of children you will help in the ICCM Programme?***
Accept any answers listed in section 2.3 of Day 1.
4. ASK: ***Name 2 role and responsibilities of a CDD in ICCM?***
Accept or explain the following answers:
Between 2 months and 5 years
5. ASK: ***What questions should you ask the caregiver when taking a medical history?***
Accept or explain the following answers:
 - The child's **age**.
 - The child's **sex**.
 - The **child's problem**.
 - The child's **symptoms**.
 - **How long** the child has been sick.
 - How the child has been behaving.
 - How the child has been eating or sleeping.
 - Are there others who are also sick in the household?
6. Correct any misunderstandings. Give positive reinforcement for

	correct answers.
	<ol style="list-style-type: none"> 7. DIVIDE the CDDs into 2 large teams. 8. SAY: <i>We are going to see which team can remember best what each tool in the CDD Toolkit is for.</i> 9. INSTRUCT each team to pick a team leader. 10. EXPLAIN that the role of the team leader is to give the answer for the team. 11. INSTRUCT teams to decide who will go first. 12. SHOW 1 of the CDD tools and ask the first team to say the name of the tool and how it is used. 13. Allow the teams to briefly discuss. 14. Allow the first team leader to give the team's answer. 15. Ask the second team to decide if the other team's answer is correct. 16. Clarify any misunderstandings. 17. Continue taking turns between each team until all the tools in the <i>CDD Toolkit</i> are reviewed.


1.2—Assessment Process—Looking for Signs of Illness (30 min)

	<ol style="list-style-type: none"> 1. SAY: <i>Yesterday we learned that assessment is about asking about signs and symptoms and looking and feeling for signs of illness.</i> 2. SAY: <i>Today we are going to learn about <u>looking</u> and <u>examining</u> at the sick child for signs of illness</i> 3. ASK: <i>How do children behave when they are sick?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Irritable. • Cry easily • Tired or slow moving (not awake) • Do not want to play.
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	<p>4. ASK: <i>What must you <u>look</u> for when assessing a sick child?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Look at the child's general condition. Does the child look healthy? Does the child appear underweight? • Look for signs of illness. Does the child look sick? • Look for how the child is behaving. Is the child alert or crying? • Look at how the child is breathing. Is the child breathing easily or is the child having difficulty breathing? • Look at the child's skin. Is the skin wet from sweating? Is the skin well hydrated? • Look at the child's eyes. Are the eyes red or teary? Are they swollen or sunken? • Look at the child's feet. Do the feet look swollen? <p>5. ASK: <i>What must you <u>feel or touch</u> for when assessing a sick child?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • The child's face or forehead to decide if it feels hot. • The child's skin to decide if it feels hydrated or wet from sweating. <p>6. SAY: <i>It is important to ask the caregiver permission before examining or touching the child.</i></p> <p>7. SAY: <i>It is also important to explain to the caregiver what you are doing when you are examining the child.</i></p> <p>8. ASK: <i>Why is doing an assessment of the sick child important?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • It helps to decide what is making the child sick. • It helps to decide if the child needs to be referred to the PHCU/C or OTP site. • It helps to decide how to give the correct medicine. • It helps to advise the caregiver. <p>9. Review the assessment process:</p> <ul style="list-style-type: none"> • Greet and receive the caregiver. • Ask the child's name.
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	<ul style="list-style-type: none"> • Ask the child's age. • Ask the child's sex. • Ask about the child's problem. • Ask for how long. • Ask and look for danger signs. • Ask and look for signs of illness. <p>10. SAY: <i>Assessment is about <u>asking the caregiver about signs and symptoms and looking and touching the sick child for signs of illness</u>.</i></p>
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1.3—Asking and Looking for Danger Signs (45 min)

	<ol style="list-style-type: none"> 1. GIVE each CDD a <i>CDD Job Aid</i>. 2. Review the following on the <i>CDD Job Aid</i>: <ul style="list-style-type: none"> • Ask child's age. • Ask the child's sex • Ask what the child's problem is. 3. SAY: <i>After asking about the child's problem, the next step is to ask and look for danger signs.</i> 4. ASK: <i>What does it mean if a person is in danger?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • The person is very sick. • The person is injured. • The person might die. 5. ASK: <i>If you see a person in danger, what do you do?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Help the person. • Call for help. • Take the person to the nearest PHCU/C. 6. ASK: <i>What does it mean when a child has a danger sign?</i> Accept or explain the following answers:
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	<ul style="list-style-type: none"> • The child is very sick. • The child might die. • The child must go to the nearest PHCU/C right away.
	<p>7. SAY: <i>There are several danger signs in children. Children can die from 1 or more danger signs.</i></p>
	<p>8. ASK: <i>Does anyone know what are some danger signs in children?</i></p>
	<p>Accept and EXPLAIN the following answers:</p>
	<ul style="list-style-type: none"> • Convulsions (fits) <p>The child's arms and legs stiffen.</p> <p>The child shakes uncontrollably for several minutes.</p> <p>The child has small twitches in the face, mouth, eyes, hands, or feet.</p> <p>The child's eyes rill and turn upwards.</p> <p>The child loses consciousness and passes urine and stool.</p> • Abnormally sleepy or not able to wake: <p>The child sleeps more than usual.</p> <p>The child does not wake easily.</p> <p>The child is not alert.</p> <p>The child seems sleepy or confused.</p> <p>The child stares blankly.</p> • Chest in-drawing: <p>The child has difficulty breathing.</p> <p>The lower part of the child's chest sucks in when the child takes a breath in.</p> <p>Often the ribs are visible.</p> • Not able to drink or breastfeed: <p>The child stops drinking or breastfeeding completely.</p> <p>The child is too weak to drink.</p> • Vomiting everything: <p>The child vomits everything soon after eating or drinking.</p> • Neck stiffness: <p>The child complains of a stiff neck.</p>

	<p>The child cries when the neck is moved from side to side or up and down, even when breastfeeding.</p> <p>The child is not able to move his/her neck freely.</p> <p>The child has a fever.</p> <p>Infants have a swollen fontanel.</p>
	<p>Facilitator Tip: Show the corresponding <i>Instructional Pictures</i> with each danger sign as you explain it.</p>
	<p>9. SHOW the CDDs where to find the danger signs in the <i>CDD Job Aid</i>.</p> <p>10. SHOW the <i>Instructional Picture</i> for <i>convulsion</i>. Explain again what it is.</p> <p>11. INSTRUCT the CDDs to find the same picture in their <i>CDD Job Aid</i>.</p> <p>12. ASK: <i>What questions can you <u>ask</u> the caregiver to know if the child has had a convulsion?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Has the child had a fever? • Has the child had fits or uncontrolled shaking in the past 1 or 2 days? • Do the child's arms and legs stiffen? • Have you noticed any unusual twitches in the child's face, arms or legs? <p>13. ASK: <i>What must you <u>look</u> for when examining the child for signs of convulsions?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • The child is not awake or conscious. • The child is shaking uncontrollably, or having convulsions. • The child is having unusual twitches of the face, an arm or a leg. • The child's eyes roll or turn upwards. <p>14. SHOW the <i>Instructional Picture</i> for <i>abnormally sleepy or difficult to wake</i>. Explain again what it is.</p>

	<p>15. INSTRUCT the CDDs to find the same picture in their <i>CDD Job Aid</i>.</p> <p>16. ASK: <i>What questions can you <u>ask</u> the caregiver to know if the child is abnormally sleepy or difficult to wake?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Is the child sleeping more than usual? • Is it difficult to wake the child? • Does the child seem confused? • Does the child stay asleep when there are loud noises? • Does the child show interest in what is happening around her/him? <p>17. ASK: <i>What must you <u>look</u> for when examining the child for signs of sleepiness?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • The child is not alert. • The child stares blankly and does not look at your face when you talk. • A child older than 1 year is not able to sit up without support. • The child is difficult to wake or does not wake at all. • The child does not wake when you clap your hands loudly next to his/her ear? • The child does not wake when the mother shakes the child. • The child is unconscious. <p>18. SHOW the <i>Instructional Picture</i> for <i>chest in-drawing</i>. Explain again what it is.</p> <p>19. INSTRUCT the CDDs to find the same picture in their <i>CDD Job Aid</i>.</p> <p>20. ASK: <i>What questions can you <u>ask</u> the caregiver to know if the child has chest in-drawing?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Does the child have difficulty breathing? • Does the child need to suck-in their chest to breathe? • Does the child need to make an effort to breathe in?
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21. ASK: *What must you look for when examining the child for signs of chest in-drawing?*

Accept or explain the following answers:

- Ask the caregiver for permission to examine the child.
- Lift the child's shirt to see the child's chest and stomach clearly.
- Look at the child's lower chest to see if the child's lower chest wall goes IN when the child takes breath IN.

22. SHOW the *Instructional Picture* for *not able to drink or breastfeed*. Explain again what it is.

23. INSTRUCT the CDDs to find the same picture in their *CDD Job Aid*.

24. ASK: *What questions can you ask the caregiver to know if the child is breastfeeding or drinking?*

Accept or explain the following answers:

- Is the child breastfeeding?
- Does the child breastfeed when you offer the breast?
- Is the child drinking water or fluids?
- What happens when you give the child something to drink or try to breastfeed?
- Has the child stopped drinking completely or drinking very little?

25. ASK: *What must you look for when examining the child to see if they can breastfeed or drink?*



Accept or explain the following answers:

- Ask the mother to offer the breast to the child. Look to see if the child is interested in feeding.
- Give the older child a spoon of water to drink.
- The child is not interested in breastfeeding or drinking.
- The child is too weak to breastfeed or drink.

26. SHOW the *Instructional Picture* for *vomiting everything*. Explain again what it is.

27. INSTRUCT the CDDs to find the same picture in their *CDD Job*

	<p><i>Aid.</i></p> <p>28. ASK: What question can you <u>ask</u> the caregiver to know if the child is vomiting everything?</p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Has the child vomited? • How soon after eating or drinking does the child vomit? • Is the child very thirsty? <p>29. ASK: What must you <u>look</u> for when examining the child for signs of vomiting everything?</p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver for permission to examine the child and explain what you are doing. • Offer the child something to drink. • The child vomits everything right away. <p>30. SHOW the <i>Instructional Picture</i> for <i>neck stiffness</i>. Explain again what it is.</p> <p>31. INSTRUCT the CDDs to find the same picture in their <i>CDD Job Aid</i>.</p> <p>32. ASK: What question can you <u>ask</u> the caregiver to know if the child has a stiff neck?</p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Does the child have a fever? • Has the child complained of painful or stiff neck? • Has the child complained of a headache? • Has the child been holding the back of his/her neck? • Does the child have difficulty turning or moving his/her neck? • Does the child cry when you turn his/her head? <p>33. ASK: What must you <u>look</u> for when examining the child for signs of neck stiffness?</p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver for permission to examine the child. • Gently turn the child's head up and down and from side to side
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	<p>and look for difficulty in movement or stiffness.</p> <ul style="list-style-type: none"> • If the child is old enough to understand, ask him/her to sit with legs extended in front and then touch the chin to the chest. Look for pain or difficulty in movement. • If the child is • If the child is an infant, look for a bulging fontanel. <p>34. SAY: <i>Having just 1 danger sign means the child must be referred immediately to the PHCU/C.</i></p> <p>35. SHOW the <i>Instructional Picture</i> for <i>danger sign refer immediately to PHCU/C.</i></p>
	<p>36. Role play with the co-facilitator and the doll to SHOW how to ask the caregiver questions to assess and examine a sick child for all danger signs.</p>
	<p>37. SAY: <i>It is time to practice assessing a child for danger signs.</i></p> <p>38. DIVIDE the CDDs into new groups of 3.</p> <p>39. EXPLAIN that the CDDs will again take turns playing the role of the CDD, the caregiver, and the observer.</p> <p>40. INSTRUCT the groups that when it is their turn to role play the CDD, they must ask the caregiver about the symptoms for ALL of the danger signs.</p> <p>41. Use the <i>CDD Job Aid</i> to review the following:</p> <ul style="list-style-type: none"> • Ask the child's age. • Ask questions about the child's symptoms. • Ask about symptoms for all 6 danger signs. <p>42. INSTRUCT the observer to use the <i>CDD Job Aid</i> to check that all the danger signs have been assessed.</p> <p>43. Move among the groups to listen and coach.</p>

Tea Break

Session 2—Assessment of the Sick Child with Fever

Expected Outcomes

During this session CDDs will learn about the leading cause of fever in children, malaria. CDDs will learn how to assess for fever and practice asking questions about fever and examining a child with fever.

This session is the foundation for all the rest of the sessions in Day 2. It is expected that the CDDs will learn a consistent step-by-step process of assessing a sick child regardless of the illness. This will include asking the caregiver questions about the history of the symptoms and examining the sick child for signs of illness. CDDs will also learn what prevention and health messages they can give to caregivers to prevent malaria in the future.

Learning Objectives

By the end of this session, the CDDs will be able to

- State the signs and symptoms of fever.
- Show how to assess a child with fever.
- Practice giving caregivers health messages about malaria.

Session Activities

Session	Activity	Time	Method
2.1	Introduction to Fever and Malaria	20 min	Plenary discussion
2.2	Signs and Symptoms of Fever and Malaria	15 min	Plenary discussion
2.3	Assessment of Child with Fever	30 min	Demo and practice
2.4	Caregiver Messages for Malaria	10 min	Plenary Discussion

Duration of Session

1 hour 15 min




Facilitator Tools

- *CDD Job Aid*
- Dolls
- *Instructional Pictures:*
 - Infant 2-11 months
 - Child 1-5 years
 - Child with fever
 - Assessment of child with fever touching forehead
 - Fever 7 days or more—7 suns
 - Sleep under LLIN
- Towel for sponge bath

Preparation

- Review the *Caregiver Health Messages for Malaria*. (see Facilitator Resources).

2.1—Introduction to Fever and Malaria (20 min)

	<p>1. ASK: <i>What is fever?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Fever is when the body temperature goes up and the child feels hot. • Fever is the body's response to germs. • Fevers can cause the body to lose a lot of water and become dry.
	<p>Facilitator Tip: Remember to be sensitive to cultural beliefs about what illnesses are and where they come from and gently correct any misinformation. The word germ may be a new concept to some of the CDDs. Be prepared to explain it in terms they are familiar with.</p>
	<p>2. ASK: <i>What are other words for fever in your community?</i></p> <p>Accept all reasonable answers.</p> <p>3. SAY: <i>Fevers in infants and children can be a sign of a bad illness.</i></p> <p>4. SAY: <i>Very high fever can sometimes cause a child to have convulsions.</i></p> <p>5. SAY: <i>Children with fever for more than 7 days can die if not treated.</i></p> <p>6. SAY: <i>It is important to refer children with fever of 7 days or more to the PHCU/C.</i></p> <p>7. SAY: <i>There are many things that can cause a child to have a fever. It is important to always do a complete assessment.</i></p> <p>8. SAY: <i>Fever can be a sign a child has:</i></p> <ul style="list-style-type: none"> • <i>Malaria</i> • <i>Pneumonia</i> • <i>Measles</i> • <i>Meningitis</i> • <i>Bloody diarrhoea</i> • <i>Ear infection</i> • <i>Skin infection from cuts or wounds</i>

	<p>9. SAY: <i>Fever can be the sign of many diseases that affect children. The focus of fever in ICCM Programme is on malaria.</i></p> <p>10. ASK: <i>What is malaria?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Malaria is germ spread by the bite of a mosquito. • Malaria can cause very severe illness. • Malaria is especially dangerous for children under 5 years of age and pregnant women. • Children can die of malaria if not treated early. <p>11. ASK: <i>How do children and adults get malaria?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Mosquitoes that carry malaria bite from the time the sun goes down until the time the sun comes up. • It takes only 1 mosquito bite to get malaria. <p>12. ASK: <i>How does malaria affect the community?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • People who are sick with malaria cannot do their normal work. • People who are sick with malaria cannot care for others. • Children who are sick with malaria cannot go to school. <p>13. ASK: <i>What can you teach caregivers about prevention of malaria in children?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Children must sleep under long lasting insecticide treated nets (LLIN) between the time the sun goes down until the sun come up. • Recognize signs of malaria and get treatment as soon as possible. • Giving malaria treatment as soon as symptoms of malaria are seen can save lives.
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2.2—Signs and Symptoms of Fever and Malaria (15 min)



Facilitator Tip: Keep in mind that there are many misconceptions about symptoms of malaria. Gently correct any misconceptions.



1. SHOW the *Instructional Picture* for the *child with fever*.
2. INSTRUCT the CDDs to find the same picture in their *CDD Job Aid*.
3. ASK: ***What are the signs of fever?***

Accept and explain the following answers:

- Skin feels hot to touch
- Sweating
- Chills
- Shivering and feeling cold

4. ASK: ***What are some symptoms and signs of malaria?***

Accept and explain the following answers:

- History of fever
- Sweating and chills
- Shivering and feeling cold
- Not eating
- Feeling tired or weak
- Headache
- Pain in the joints

5. SAY: ***Sometimes malaria can be very severe and can have symptoms of danger signs such as:***




- ***Convulsions***
- ***vomiting everything***
- ***not breastfeeding or drinking***
- ***abnormally sleepy***

These are symptoms of malaria that must be referred immediately to the PHCU/C.

2.3—Assessment of the Child with Fever (20 min)



1. DIVIDE the CDDs into groups of 6 people.
2. INSTRUCT each group to discuss the questions they must ask the caregiver with a child with fever.

	<p>3. Allow 10 to 15 minutes.</p>
	<p>4. INVITE each group to share what they discussed.</p> <p>Accept or explain the following:</p> <ul style="list-style-type: none"> Does the child have a fever? If yes, for how long? Does the child have any danger signs? Does child say they have a headache or a stiff neck? <p>5. Show the <i>Instructional Picture</i> for <i>touching the child's forehead to assess for fever</i>.</p> <p>6. ASK: What must you <u>look</u> and <u>feel</u> for when examining the child with fever?</p> <p>Accept or explain the following:</p> <ul style="list-style-type: none"> Ask for permission to examine the child and explain to the caregiver what you are doing. Check child's general condition. Look for signs the caregiver described. Touch the child's forehead or back of the neck to feel if he/she is hot.
	<p>7. SHOW how to examine a child with fever by touching the child's forehead or back of the neck to see if the child's skin feels hotter than yours.</p> <p>8. Use the following scenario to role play how to assess a child with fever with the co-facilitator and the doll:</p> <ul style="list-style-type: none"> 6 month child with fever for the last 4 days <p>9. SHOW the <i>Instructional Pictures</i>:</p> <ul style="list-style-type: none"> <i>Child 2-11 months</i> <i>Child with fever</i> <i>Fever for 7 days or more (7 suns)</i> <p>10. EXPLAIN how 4 days is represented by counting 4 suns.</p>
	<p>Facilitator Tip: Use the doll to show how to examine the sick child.</p>



11. SAY: ***It is time to practice assessing a child for fever.***
12. DIVIDE the CDDs into new groups of 3.
13. EXPLAIN that the CDDs will again take turns playing the role of the CDD, the caregiver, and the observer.
14. INSTRUCT the groups to use the same scenario for assessment of fever:
 - ***Valentino is a 3 year old child with fever for 5 days.***
15. Remind CDDs that they use their **CDD Job Aid** and ask the caregiver about the child's age and the child's problem and also about all danger signs.
16. Move around the room and give CDDs feedback on their practice.

2.4—Caregiver Messages for Malaria (15 min)



1. INSTRUCT the CDDs to look at their **CDD Job Aid**.
2. SHOW the **Instructional Picture** for **sleeping under LLIN**.
3. INSTRUCT the CDDs to find the same picture in their job aid.
4. EXPLAIN to the CDDs that an important role of the CDD is to give health messages to the caregivers about prevention of illness.
5. SAY: ***It is best to give health messages to caregivers during the follow-up visit, when the child has improved and when the caregiver is less stressed about her sick child.***
6. EXPLAIN each of the following health messages for malaria and ask the CDDs to repeat the messages aloud.
 - You can only get malaria through the bite of an infected mosquito.
 - Malaria frequently causes fever.
 - Malaria can be treated and prevented.
 - You should seek treatment of fever for your child as soon as possible.
 - Sleep under a long lasting insecticide treated net (LLIN)—mosquito net—from the time the sun goes down at night until the time the sun comes up in the morning
 - Wear clothes that can cover your legs and hands at night.

Session 3—Assessment of the Sick Child with Fast Breathing

Expected Outcomes

During this session CDDs will learn how to ask about signs and symptoms of pneumonia and how to look for signs of fast breathing. CDDs will learn how to correctly use the respiratory timer and respiratory beads and will practice counting breaths for 1 minute with each other. CDDs will also learn what prevention and health messages they can give to caregivers to prevent pneumonia in the future.

Learning Objectives

By the end of this session, the CDDs will be able to

- State the signs and symptoms of pneumonia.
- Show how to assess an infant and a child for fast breathing.
- Show how to count breaths in 1 minute using the respiratory timer and respiratory beads.
- Practice giving caregivers health messages about pneumonia.

Session Activities

Session	Activity	Time	Method
3.1	Introduction to Pneumonia	15 min	Plenary discussion
3.2	Signs and Symptoms of Pneumonia	15 min	Plenary discussion
3.3	Using the Respiratory Timer and Respiratory Beads	45 min	Demo and Practice
3.4	Assessment of the Child with Fast Breathing	60 min	Demo and Practice
3.5	Caregiver Messages for Pneumonia	10 min	Plenary Discussion

Duration of Session

2 hours 25 minutes

Facilitator Tools




- Respiratory timers
- Respiratory beads
- *CDD Job Aid*
- Dolls
- *Instructional Pictures:*
 - Fast Breathing and Cough
 - Respiratory Timer
 - Respiratory beads infant 2-11 months
 - Respiratory beads child 1-5 years
 - Breastfeeding
 - Hand washing

- Immunize child

Preparation

- Review the Instructions for *Using the Respiratory Timer and Respiratory Beads* (see Technical Resources).
- Practice using the respiratory timer and both sets of respiratory beads with your co-facilitator.
- Review the *Caregiver Health Messages for Pneumonia* (see Facilitator Resources).

3.1—Introduction to Pneumonia (15 min)

	<ol style="list-style-type: none"> 1. ASK: <i>What are the other childhood illnesses you will be learning about in ICCM, in addition to malaria?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Pneumonia • Diarrhoea • Severe Acute Malnutrition 2. ASK: <i>What is pneumonia?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Pneumonia is a serious illness of the lungs. • Pneumonia makes it difficult for the child to breathe and get air.
	<p>Facilitator Tip: Remember to be sensitive to cultural beliefs about what illnesses are and where they come from and gently correct any misinformation.</p>
	<ol style="list-style-type: none"> 3. ASK: <i>What are other words for pneumonia in your community?</i> Accept all reasonable answers. 4. SAY: <i>Pneumonia in infants and children is a serious illness.</i> 5. ASK: <i>How do children get pneumonia?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Pneumonia is caused by germs. • Children with malnutrition get pneumonia more easily. • Children who are not breastfed get pneumonia more easily. • Children who sleep near cooking fires. • Children who live in dusty or smoky areas.

6. ASK: ***What can you teach caregivers about prevention of pneumonia in children?***

Accept or explain the following answers:

- Breastfeed children for 2 years or more.
- Feed your child on only breast milk for the first 6 month of life.
- Immunize children according the national vaccination schedule.
- Keep babies warm when it is cold.
- Keep babies away from smoky rooms.
- Give children nutritious foods to eat.
- Practice good hygiene and hand-washing.

3.2—Signs and Symptoms of Pneumonia (15 min)



1. SHOW the *Instructional Picture* for the *child with fast breathing and cough*.

2. INSTRUCT the CDDs to find the same picture in their *CDD Job Aid*.

3. ASK: ***What are some of the signs and symptoms of pneumonia?***

Accept and explain the following answers:

- Fast breathing:
 - 50 breaths or more in 1 minute for infants 2 to 11 months
 - 40 breaths or more in 1 minute for children 1 to 5 years
- Difficulty breathing
- Noisy breathing
- Chest congestion
- Cough that is persistent
- Cough that sounds wet produces mucus

4. SAY: ***Sometimes pneumonia can be very severe and can have symptoms of danger signs such as:***

- ***Chest in-drawing***
- ***Unable to drink or breastfeed***
- ***Vomiting everything***

These symptoms of pneumonia must be referred immediately

to the PHCU/C.

5. ASK: *What is fast breathing?*

Accept or explain the following answers:

- When a child breathes faster than normal.
- When a child breathes very fast.
- When a child has difficulty breathing.
- When it is hard for a child to get air.

6. ASK: *How do you know when a child is breathing fast?*

Accept or explain the following answers:

- Look at the child to see if they are breathing fast or having difficulty breathing.
- Count the number of breaths in 1 minute.
- Use the respiratory timer and respiratory beads.

7. SHOW the *Instructional Pictures*:

- *Fast breathing and cough*
- *Respiratory timer*
- *Respiratory beads infant 2-11 months*
- *Respiratory beads child 1-5 years*

8. EXPLAIN that the number of breaths for fast breathing depends on the age of the child.

- Fast breathing in an infant 2-11 months is 50 or more breaths in 1 minute.
- Fast breathing in a child 1-5 years is 40 or more breaths in 1 minute.

9. Reinforce the importance of always asking the caregiver the child's age.

10. SAY: *It is important to ask the caregiver how long the child has had a cough and whether anyone in the household has recently had tuberculosis (TB).*

11. EXPLAIN that a child who has had a cough for more than 3 weeks (21 days) may have tuberculosis (TB) and the child must be referred immediately to the PHCU/C.



12. SHOW the DVD of a child with fast breathing. (optional)

3.3—Using the Respiratory Timer and Respiratory Beads (45 min)




1. EXPLAIN that to assess if a child is breathing fast you must count the number of breaths in 1 minute.
2. ASK: ***What is 1 breath?***



Accept or explain the following answers:
 - Breathing in and breathing out.
 - Inhale and exhale once.
 - Air goes in and goes out
3. SHOW what 1 breath is by placing your hands on your ribs and taking a deep breath in and out.
4. ASK: ***How will you know when 1 minute has past?***

Accept or explain the following answers:
 - Use the respiratory timer.
5. GIVE each CDD a respiratory timer.
6. SHOW how to start and stop the respiratory timer.
7. SAY: ***START the respiratory timer by pushing the Start/Stop button once.***
8. SAY: ***STOP the respiratory timer by pushing the Start/Stop button once.***
9. SAY: ***Listen for 1 SHORT BEEP at the end of 30 seconds.***
10. SAY: ***Listen for 2 SHORT BEEPS at the end of 1 minute.***
11. INSTRUCT the CDDs to start and stop their respiratory timer.
12. ASK: ***How will you know when 1 minute has past?***



Accept or explain the following answers:
 - When you hear 2 beeps on the respiratory timer.




	<p>13. GIVE each CDD a set of respiratory beads for each age.</p> <p>14. SHOW the <i>Instructional Picture</i> for <i>infant and child respiratory beads</i>.</p> <p>15. SAY: <i>There are 2 different respiratory beads.</i></p> <ul style="list-style-type: none"> • <i>1 set of beads is longer and has smaller beads. It has 49 blue beads and 10 RED beads. This is for infants 2-11 months.</i> • <i>1 set of bead that is shorter and has larger beads. It has 39 blue beads and 11 RED beads. This is for older children 1 to 5 years.</i> <p>16. EXPLAIN how each set has different colour beads to indicate the number of normal breaths.</p> <p>17. SHOW the red beads on each set and explain that if you reach these beads when counting breaths it means the child has fast breathing:</p> <p>18. SAY: <i>You must use the respiratory beads and the respiratory timer together.</i></p> <p>19. SHOW how to use the respiratory beads. Ask the CDDs to listen as you give the following instructions and demonstrate with the co-facilitator:</p> <ul style="list-style-type: none"> • Confirm the age of the child. • Select the correct size of respiratory beads. • If the child is aged 2-11 months, use the set with small beads. (49 colour beads and 10 RED beads). • If the child is aged 1-5 years, use the set with large beads (39 colour beads and 11 RED beads). • Explain to the caregiver that you would like to check how fast the child is breathing. • The child must be calm when you watch the child's breathing. If the child starts to cry or becomes upset, ask the caregiver to calm the child and wait for the child to be calm before counting. • Ask the caregiver to lift the child's shirt so that the bare chest is visible. • Position the child in a reclining position on her lap. • Sit where you can see the lower part of the child's chest and can see breathing movement. • Put the respiratory beads on your lap and place your hand on
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	<p>the first bead.</p> <ul style="list-style-type: none"> • Look for the breathing movement on the child's chest or belly. • Count 1 breath every time the child's chest goes out (rising or expanding). • Before starting the timer, count 4 to 5 breaths. • START the respiratory timer. At the same time, watch the child's chest go out. • Each time the child's chest goes out (rising or expanding) move your hand from 1 bead to the next. • Look only at the child's chest. Do NOT look at the beads or the timer. • Repeat this until you hear the timer beep 2 times. • When the timer beeps 2 times, STOP and look at the colour of the bead you are holding. • Repeat to get a second measurement. • Record the breathing rate as: <u>Normal Breathing</u>—if you are holding a coloured bead at the end of each reading. <u>Fast Breathing</u>—if you are holding a <u>RED</u> bead at the end of each reading. • If you are holding a coloured bead at the end of the first reading and a RED bead at the end of the second reading, count the breaths again until the both readings are the same colour bead. <p>20. REPEAT the instructions and demonstrate again with the co-facilitator standing with his hands on his ribs to clearly show each breath.</p> <p>21. INSTRUCT the CDDs to practice using the respiratory beads by watching the co-facilitator breathing slowly.</p> <p>22. Tell the CDDs when you start the timer and when the timer beeps after 1 minute.</p> <p>23. Repeat again with the co-facilitator breathing fast.</p>
	<p>Facilitator Tip: Make sure you count the co-facilitator's breaths so you can check to see if the CDDs counted correctly during the practice.</p>

	<ol style="list-style-type: none"> 24. DIVIDE the CDDs into groups of 2 people. 25. INSTRUCT the CDDs to practice counting each other's breaths in 1 minute using the respiratory timer and the respiratory beads. 26. Remind CDDs to look at the chest rising or expanding and to NOT to look at the timer. 27. INSTRUCT CDDs to practice breathing faster and counting each other's breaths. 28. Allow them to practice at least 4 times each. 29. Move around the room and give CDDs feedback on their practice.
	<p>Facilitator Tip: It is important that you allow plenty of time for CDDs to practice using the timer and respiratory beads together. It takes frequent practice and positive reinforcement to coordinate using these tools without looking at them.</p>


3.4—Assessment of the Child with Fast Breathing and Cough (60 min)

	<ol style="list-style-type: none"> 1. DIVIDE the CDDs into groups of 6 people. 2. INSTRUCT each group to discuss the questions they must <u>ask</u> the caregiver with a child who has fast breathing, cough or difficulty breathing. 3. Allow 10 to 15 minutes.
	<ol style="list-style-type: none"> 4. INVITE each group to share what they discussed. Accept or explain the following: <ul style="list-style-type: none"> • Is the child breathing faster than normal? • Is the child having difficulty breathing? • Is the child having a hard time getting air? • Is the child's breathing noisy? • Does the child have a cough? • How long has the child had a cough? • Is the child coughing up anything? • Does anyone in the household have TB? 5. ASK: <i>What must you <u>look</u> and <u>listen</u> for when examining the</i>

	<p><i>child with cough and fast breathing? :</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Ask permission to examine the child and explain to the caregiver what you are doing. • Check child's general condition and look for signs that the caregiver described. • Look how the child is breathing: <ul style="list-style-type: none"> ○ Is the child having difficulty breathing? ○ Is the child is breathing fast? ○ Is the child's nose is flaring? ○ Is the child is coughing? • Is the child's breathing noisy? • Count the number of breaths in 1 minute using the respiratory timer and respiratory beads and repeat.
	<p>6. SHOW how to ask the caregiver questions about the sick child with fast breathing with the co-facilitator using the following scenario.</p> <ul style="list-style-type: none"> • <i>Lual is 2 years old.</i> • <i>He has had cough for 3 days.</i> • <i>He began to have difficulty breathing during the night.</i> <p>7. SHOW how to use the respiratory timer and respiratory beads.</p>
	<p>Facilitator Tip: Remember to ask and look for danger signs and fever before assessing for fast breathing.</p>
	<p>8. SAY: <i>It is time to practice assessing a child with fast breathing and cough.</i></p> <p>9. DIVIDE the CDDs into groups of 3.</p> <p>10. EXPLAIN that the CDDs will again take turns playing the role of the CDD, the caregiver, and the observer.</p> <p>11. INSTRUCT the groups to use the same scenario for assessment of fast breathing:</p> <ul style="list-style-type: none"> • <i>Akon is a 4 month child with cough and difficulty breathing.</i> <p>12. Remind CDDs that they use their CDD Job Aid and ask the caregiver about the child's age, the child's problem, and ask and look for all</p>

	<p>danger signs and signs of fever before assessing for fast breathing.</p> <p>13. Move around the room and give CDDs feedback on their practice.</p>
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3.5—Caregiver Messages for Pneumonia (10 min)

	<ol style="list-style-type: none"> 1. SHOW the <i>Instructional Pictures</i>: <ul style="list-style-type: none"> • <i>breastfeeding</i> • <i>hand washing</i> • <i>immunizations</i> 2. EXPLAIN each of the following health messages for pneumonia and ask the CDDs to repeat the messages aloud. <div> <ul style="list-style-type: none"> • Pneumonia can be prevented. • Keep babies warm when it is cold. • Keep babies and children away from smoky or overcrowded rooms. • Cook in a well ventilated area. • Breastfeed children for 2 years or more. • Feed your child on only breast milk for the first 6 month of life. • Take your children for immunization according the national vaccination schedule. • Wash hands with soap and water or ash. • Give your children nutritious foods to eat such as breast milk for children up to 2 years. </div>
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Lunch Break

Session 4—Assessment of the Sick Child with Diarrhoea

Expected Outcomes

During this session CDDs will learn how to ask about signs and symptoms of diarrhoea and look for signs of dehydration in a sick child with diarrhoea. The CDDs will learn how to assess for dehydration using the skin pinch test and practice asking questions about diarrhoea. CDDs will also learn what prevention and health messages they can give to caregivers to prevent diarrhoea and dehydration in the future.

Learning Objectives

By the end of this session, the CDDs will be able to

- State the signs and symptoms of children with dehydration.
- Show how to assess a child for dehydration.
- Practice giving caregivers health messages about diarrhoea and dehydration.

Session Activities

Session	Activity	Time	Method
4.1	Introduction to Diarrhoea and Dehydration	15 min	Plenary discussion
4.2	Signs and Symptoms of Diarrhoea and Dehydration	10 min	Plenary discussion
4.3	Assessment of the Child with Diarrhoea	40 min	Demo and practice
4.4	Making Water Safe	15 min	Demo and practice
4.5	Caregiver Messages for Diarrhoea	10 min	Plenary discussion

Duration of Session

1 hour 25 minutes

Facilitator Tools



- Plastic bags
- Water
- *CDD Job Aid*
- Dolls
- *Instructional Pictures*:
 - Watery diarrhoea and diarrhoea with blood in the stool
 - Skin pinch test
 - Sunken eyes
 - Boiling water
 - Breastfeeding
 - Hand washing
 - Latrine

Preparation

- Review the *Instructions for How to Make Water Safe* (see Technical Resources).
- Review the *Caregiver Health Messages for Diarrhoea and Dehydration* (see

Facilitator Resources).


4.1—Introduction to Diarrhoea and Dehydration (15 min)

	<p>Facilitator Tip: You may want to do an energizing activity to gather the CDDs attention after lunch.</p>
	<ol style="list-style-type: none"> <p>ASK: <i>What is diarrhoea?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Diarrhoea is 3 or more loose or watery stools in 1 day. • Diarrhoea is a sign there is a germ in the belly <p>ASK: <i>What are other words for diarrhoea in your community?</i></p> <p>Accept all reasonable answers.</p> <p>ASK: <i>How do children get diarrhoea?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Drinking water that is not clean or safe. • Eating foods prepared with water that is not clean or safe. • Eating spoiled foods or uncooked meats. • Children not washing hands. • Caregivers not washing hands. • Living in unclean conditions or too close to animals. • Flies landing on uncovered food. • Not using latrines. <p>SAY: <i>Diarrhoea can be very serious for children under 5.</i></p> <p>SAY: <i>Children who have diarrhoea for <u>many days</u> can die if not treated.</i></p> <p>SAY: <i>Children who have diarrhoea with <u>blood in the stool</u> can die if not treated.</i></p> <p>SAY: <i>Diarrhoea can cause dehydration.</i></p> <p>ASK: <i>What is dehydration?</i></p> <p>Accept or explain the following answers:</p>


	<ul style="list-style-type: none"> • Losing a lot of water and salt in the body. • The body dries out.
9.	<p>ASK: <i>What does sweat taste like?</i></p> <p>Accept or explain the following answer:</p> <ul style="list-style-type: none"> • Salty.
10.	<p>EXPLAIN that when a child has diarrhoea they lose fluids or water from the body AND they also lose important body salts and minerals.</p>
11.	<p>ASK: <i>What are other words for dehydration in your community?</i></p> <p>Accept all reasonable answers.</p>
12.	<p>ASK: <i>How do children get dehydrated? :</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • From losing water and salt from the body. • From having a lot of diarrhoea or vomiting. • From not drinking enough fluids such as breast milk or clean water. • From sweating from high fevers.
13.	<p>SAY: <i>Children get dehydrated faster than adults. If children with dehydration are not treated right away they can die.</i></p>
14.	<p>SAY: <i>It is important to refer children with watery diarrhoea for 14 days or more to the PHCU/C.</i></p>
15.	<p>SAY: <i>It is important to refer and treat children with diarrhoea and blood in the stool to the PHCU/C.</i></p>
16.	<p>ASK: <i>What advice can you give a caregiver about prevention of diarrhoea in children?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Feed your child only breast milk for the first 6 months of life. • Drink safe water. • Use safe water to cook and prepare food. • Wash hands with soap and water or ash: <ul style="list-style-type: none"> before breastfeeding or touching children before eating or feeding a child




	<p>before preparing food and before eating.</p> <p>after using the latrine or toilet</p> <p>after changing a child who has defecated</p> <ul style="list-style-type: none"> • Teach children to wash their hands after using the latrine and before eating. • Teach children to use a toilet or latrine. • Dispose of all faeces in a latrine or toilet, or by burying. • Keep food covered. • Keep the household clean and free of rubbish.
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4.2—Signs and Symptoms of Dehydration (10 min)

	<ol style="list-style-type: none"> 1. SHOW the <i>Instructional Pictures</i> for: <ul style="list-style-type: none"> • <i>child with dehydration after skin pinch test</i> • <i>child with sunken eyes</i> 2. ASK: What are some of the signs and symptoms of dehydration in children? 3. EXPLAIN each sign and symptom. <ul style="list-style-type: none"> • Sunken eyes with little or no tears when crying • Dry mouth and tongue • Thirst • Little or no urine • Very tired or restless and irritable • Muscle cramps • Skin that returns to normal very slowly once it has been pinched (skin pinch test more than 2 seconds)
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4.3—Assessment of the Child with Diarrhoea (40 min)

	<ol style="list-style-type: none"> 1. DIVIDE the CDDs into groups of 6 people. 2. INSTRUCT each group to discuss the questions they must <u>ask</u> the caregiver with a child who has diarrhea. 3. Allow 10-15 minutes.
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	<p>4. INVITE each group to share what they discussed.</p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Does the child have diarrhea? If yes, for how long? • How many stools has the child had in last 24 hours? • Are the stools watery? • What colour is the stool? • Is there any blood in the stools? • Does the child have a fever? If yes, for how long? • Has the child been vomiting? • Is the child drinking? • Does the child seem very thirsty? • Has the child passed urine? • Does the child seem restless?
	<p>5. ASK: <i>What must you <u>look and touch</u> for when examining the child with diarrhoea?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Ask for permission to examine the child and explain to the caregiver what you are doing. • Check child's general condition. • Look for signs the caregiver described. • Look at the child's eyes to see if they are sunken. • Look at the child's skin and lips to see if they look dry. • Do the skin pinch test on the child's stomach or abdomen.
	<p>6. ASK: <i>Does anyone know what the skin pinch test is?</i></p> <p>Accept the following answer:</p> <ul style="list-style-type: none"> • When you pinch the skin and it returns to normal very slowly (more than 2 seconds). <p>7. SHOW the <i>Instructional Picture</i> for:</p> <ul style="list-style-type: none"> • <i>child with dehydration after skin pinch test</i> • <i>child with sunken eyes</i> <p>8. EXPLAIN that the CDDs will now learn how to assess a child for</p>

	<p>dehydration by doing the skin pinch test.</p> <p>9. DIVIDE the CDDs into groups of 6 people.</p> <p>10. GIVE each group the following 2 items:</p> <ul style="list-style-type: none"> • 1 plastic bag • 1 cup of water <p>11. SAY the following instructions while you SHOW how:</p> <ul style="list-style-type: none"> • Pour the water into the plastic bag. • Seal the plastic bag so it is tight and there is no air in the bag. • Take turns gently pinching the bag. • This is how the skin feels when it is well hydrated. • Notice how the bag is tight and keeps its form after you pinch it. • Make a small hole in the bag. • Let the water to drain into the empty cup. • Take turns gently pinching the bag while the water is emptying from the bag. • This is how the skin feels when it is dehydrated. • Notice how the bag is loose and stays pinched after you pinch it instead of keeping firm. <p>12. SAY: <i>To do a skin pinch test on a child, gently pinch the skin on the stomach. See how fast the skin returns back to normal. If the skin goes back to normal right away (less than 2 seconds) then the child is not dehydrated.</i></p> <p>13. INSTRUCT the CDDs to try it on themselves on the top of their hands.</p>
	<p>14. Use the following scenario to demonstrate how to assess a child with diarrhea and dehydration with the co-facilitator:</p> <ul style="list-style-type: none"> • <i>Peter is a 6 month old child with diarrhoea for 3 days.</i>
	<p>Facilitator Tip: Remember to ask and look for danger signs, fever, and fast breathing before assessing for diarrhoea.</p>




15. SAY: ***It is time to practice assessing a child for diarrhoea and dehydration.***
16. DIVIDE the CDDs into groups of 3.
17. EXPLAIN that the CDDs will again take turns playing the role of the CDD, the caregiver, and the observer.
18. INSTRUCT the groups to use the same scenario for assessment of diarrhoea:
 - ***Bol is a 5 month child with diarrhoea for 10 days***
19. Remind CDDs that they use their ***CDD Job Aid*** and ask the caregiver about the child's age, the child's problem, and ask and look for all danger signs and signs of fever and fast breathing before assessing for diarrhoea.
20. Move around the room and give CDDs feedback on their practice.

4.4—Making Water Safe (15 min)



1. ASK: ***What is safe water?***
 Accept or explain the following answers:
 - Water that is clean.
 - Water that has been treated or boiled.
 - Water that does not make you sick with diarrhoea.
 - Water that is not contaminated with faeces, worms, germs or bad chemicals.
2. ASK: ***How does water become unsafe to drink?***
 Accept or explain the following answers:
 - From defecating in fields and water sources.
 - From pouring bad chemicals in water.
3. ASK: ***How do you know if water is NOT safe to drink?***
 Accept or explain the following answers:
 - Sometimes you do NOT KNOW.
 - Water is cloudy or dirty.
 - Water has a strange colour such as red or black

	<ul style="list-style-type: none"> • Water makes food taste bad. <p>4. ASK: <i>What can you do to make water safe for drinking and cooking?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Boil water • Treat water with chlorine or water purification tablets • Filter water • Disinfect water with sunlight
	<p>5. SAY: <i>No matter how water is treated it is best to let the water settle and pour it into another container, or filter the water before disinfecting it.</i></p> <p>6. Show the <i>Instructional Picture</i> for <i>boiling water</i>.</p> <p>7. SAY: <i>Boiling water for 1 minute makes it safe from germs.</i></p> <p>8. EXPLAIN how to boil water:</p> <ul style="list-style-type: none"> • Pour water into a clean container. • Bring water to a rapid, rolling boil. The water will be jumping. • Once it starts boiling, let it boil for 1 full minute before taking the pot off of the fire to cool. • Once the water is cooled, store in a clean and covered container. <p>9. SAY: <i>Another way to make water safe is with the sun.</i></p> <p>10. EXPLAIN and SHOW how to use the Solar Disinfection (SODIS) Method:</p> <ul style="list-style-type: none"> • Clean a clear plastic or glass bottle. • Fill the bottle $\frac{3}{4}$ full with water and shake it for 20 seconds. This will add air bubbles to the water. The air bubbles will help to disinfect the water faster. • Fill the bottle to the top. • Place the bottle in an open place in the sun where there is no shade and where people and animals will not disturb it, like the roof of a house. • Leave the bottle in the sun for at least 6 hours in full sun, or 2 days if it is cloudy. <p>11. SAY: <i>Drink directly from the bottle. This will prevent contamination from other containers.</i></p>

4.5—Caregiver Messages for Diarrhoea (10 min)



1. SHOW the *Instructional Pictures* for:
 - *hand washing*
 - *latrines*
 - *breastfeeding*
2. EXPLAIN each of the following health messages for diarrhoea and ask the CDDs to repeat the messages aloud.
 - Diarrhoea can kill children.
 - Breastfeed more frequently when a baby has diarrhoea.
 - Give more fluids to children with diarrhoea.
 - Giving oral rehydration salts solution can strengthen a child and reduce the risk of death from diarrhoea.
 - Prevent diarrhoea by disposing of all faeces in a latrine or toilet, or by burying.
 - Wash hands with soap and water or ash:
 - before preparing or handling food
 - before eating or feeding a child
 - after using the toilet, latrine or changing a child who has defecated
 - before and after taking care of someone who is sick
 - after touching sick or dead animals
 - Use safe water for drinking and food preparation:
 - Do not drink water from any source directly without treating it.
 - Safe water can be made unsafe if carried in dirty containers or stored in dirty containers or left uncovered in clean containers
 - Protect water from contamination by covering water storage containers and keeping animals away.
 - If safe water is not available, treat at home by boiling, exposing it to direct sunlight for not less than 6 hours, or using water purification tablets.
 - Cook food well and protect it from flies.
 - Cover stored food.
 - Use clean eating utensils.
 - Keep the household clean and dispose of rubbish by burning or burying.

Session 5—Assessment of the Child with Malnutrition

Expected Outcomes

During this session CDDs will learn how to ask about signs and symptoms of severe acute malnutrition or SAM. CDDs will learn how to correctly use the MUAC Tape to determine the severity of malnutrition and how to assess both feet for pitting edema. CDDs will also learn what prevention and health messages they can give to caregivers to about nutrition. At the end of this session, CDDs will review key learnings for Day 2 and answer questions to evaluate how the training went.

Learning Objectives

By the end of this session, the CDDs will be able to

- State the signs and symptoms of children with severe acute malnutrition (SAM).
- Show how to assess a child for SAM.
- Practice giving caregivers health messages about nutrition.

Session Activities

Session	Activity	Time	Method
5.1	Introduction to SAM	15 min	Plenary discussion
5.2	Signs and Symptoms of SAM	15 min	Plenary discussion
5.3	Assessment of the Child with SAM	45 min	Group practice
5.4	Caregiver Messages for SAM	10 min	Plenary discussion
5.6	Key CDD Learnings and Evaluation for Day 2	15 min	Plenary discussion

Duration of Session

1 hour 50 min

Facilitator Tools



- MUAC Tape (1 for each CDD)
- *CDD Job Aid*
- *Instructional Pictures:*
 - Children with SAM
 - SAM child with MUAC tape reading
 - MUAC tape
 - Feet with pitting oedema
- Dolls
- Notepad to record responses to CDD evaluation questions.
- Cash for CDD per diems
- *Daily Per Diem Receipt Form*

Preparation

- Review the *Instructions for Using the MUAC Tape* (see Technical Resources).
- Practice giving instructions for using the MUAC Tape.
- Arrange for small children in community to be measured with a MUAC tape.

- Review the *Caregiver Health Messages for Nutrition* (see Facilitator Resources).
- Complete required information on the *Daily Per Diem Receipt Form*.

5.1—Introduction to Severe Acute Malnutrition (SAM) (15 min)

	<ol style="list-style-type: none"> 1. SAY: <i>You have learned to assess for fever, fast breathing and diarrhoea.</i> 2. SAY: <i>Now you will learn how to assess a child with severe acute malnutrition or SAM.</i>
	<ol style="list-style-type: none"> 3. ASK: <i>What is severe acute malnutrition?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • When a child does not get enough food to eat to help them grow, develop or fight disease. • When a child is wasted or too thin for their height. • When a child develops swelling in both feet (oedema). 4. ASK: <i>What are other words for malnutrition in your community?</i> Accept all reasonable answers. 5. SAY: <i>Children who are malnourished do not grow properly and are not able to fight diseases.</i> 6. SAY: <i>Children who are malnourished do not develop their body and mind fully.</i> 7. SAY: <i>Malnutrition can be serious for children under 5 years.</i> 8. SAY: <i>Children with severe acute malnutrition or SAM can die.</i> 9. SAY: <i>It is important to refer children with SAM to the OTP site.</i> 10. ASK: <i>How do children get malnourished?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Suffering from illness. • Not being breastfed exclusively to 6 months of age. • Weaned from breastfeeding too early. • Introducing other liquids before 6 months. • Not getting enough nutritious and varied foods when they are older than 6 months.

	<ul style="list-style-type: none"> • Not getting enough nutritious food from the food the family eats. • Drinking water that is not safe. • Not practicing hand washing within the household. • Not giving routine vaccinations.
	<p>11. ASK: <i>What can put children at risk of getting malnutrition?</i></p> <ul style="list-style-type: none"> • Living where there is no water. • Living where there is poor sanitation. • Living where there is drought or floods which limit how much food is available to eat. • Living where there are few crops. • Living where little food available. • Not receiving treatment when they are sick. • Not getting routine childhood vaccinations. • Not getting treatment when sick. • Having HIV. • Living in crowded places like refugee or IDP camps.
	<p>12. ASK: <i>What advice can you give caregivers about prevention of malnutrition in children?</i></p> <ul style="list-style-type: none"> • Breastfeed exclusively for the first 6 months of life. • Give children vitamin and protein enriched porridge. • Continue to feed a child when they are sick. • Give children a variety of foods including milk, meat, fruits, and vegetables. • Drink safe water. • Proper handling and storage of food to prevent contamination. • Hand wash with soap and water or ash after defecation, after handling children's faeces, before preparing food, before feeding children, and before eating. • Safe disposal of faeces. • Attend at least 4 antenatal care visits during pregnancy to receive a tetanus vaccine and iron and folic acid supplements. • Give the full course of immunizations before the child's first birthday.

- Recognize when a child is sick and seek treatment.
- Sleeping under insecticide treated bed nets.

5.2—Signs and Symptoms of Severe Acute Malnutrition (15 min)



1. SHOW the *Instructional Pictures*:
 - *children with SAM*
 - *children's feet with pitting oedema*
2. INSTRUCT the CDDs to find the same pictures in their *CDD Job Aid*.
3. ASK: **What are some of the signs and symptoms of severe acute malnutrition?**

Accept and explain the following answers:



- Very thin arms and legs.
- Weight is very low for their age.
- Skin is loose and wrinkled.
- Large bloated belly.
- Child is always hungry.
- Child looks sad or irritable.
- Thin hair that breaks easily.
- Hair lighter in colour.
- Skin rashes or wounds.
- Swelling in both feet.
- Swelling of both legs, arms and face.



4. ASK: **What is pitting oedema?**




Accept and explain the following answers:

- Swelling of the body.
- Holding water in the body.
- When you press in the swelling it leaves a hole or a dent mark.

5.3—Assessment the Child for Severe Acute Malnutrition (SAM) (45 min)


	<ol style="list-style-type: none"> 1. EXPLAIN to the CDDs that they will now learn how to assess a child for severe acute malnutrition by using a MUAC tape. 2. SAY: <i>MUAC stands for “Mid-Upper Arm Circumference.”</i> 3. SAY: <i>A MUAC tape is used to measure the size of a child’s left upper arm.</i> 4. GIVE each CDD a MUAC tape. 5. SAY: <i>The MUAC tape must be used only on the <u>left</u> upper arm.</i> 6. SAY: <i>Only use the MUAC tape with children <u>6 months or older</u>.</i> 7. SHOW the <i>Instructional Pictures</i>: <ul style="list-style-type: none"> • <i>MUAC tape</i>
	<ol style="list-style-type: none"> 8. INVITE a child from the community to volunteer to have their arm measured with the MUAC tape. 9. SHOW how to use the MUAC tape. 10. SAY the following instructions while you demonstrate on the child. <ul style="list-style-type: none"> • Ask the caregiver what the child’s age is. • If the child is less than 6 months do NOT use the MUAC tape. • Ask the caregiver to sit with the child in her lap with the child’s LEFT arm facing you. • Always measure the midpoint LEFT upper arm. • To locate the midpoint the arm must be hanging down the side of the body and relaxed. • Hold the MUAC tape in your right hand with the blank side facing you and the fatter end of the tape on the right. • Place the tape between the back bone in the shoulder and the tip of the elbow. • Take the end of the tape at the elbow and fold it in half so that both ends are now at the shoulder and the folded end is at the midpoint. • Mark the midpoint using a pen, marker, chalk or dust. • Wrap the MUAC tape around the midpoint by sliding the end

	<p>through the 'slot' opening.</p> <ul style="list-style-type: none"> • Pull the tape gently to tighten around the child's arm. • Do NOT pull too tight so that the child's arm is squeezed. • Do NOT leave it loose so that there is space between the arm and the tape. • Read the colour (red, yellow or green) that shows through the window at the point where the 2 arrows indicate. • MUAC of <u>less than</u> 11.5 cm, or RED colour, shows Severe Acute Malnutrition (SAM). • A child with a RED MUAC tape reading must be immediately referred to an OTP site for treatment. • MUAC of <u>between</u> 11.5 cm and 12.5 cm, or YELLOW colour, shows the child has Moderate Acute Malnutrition (MAM). • A child with a YELLOW MUAC tape reading should be referred to an SFP centre. • MUAC <u>over</u> 12.5 cm, or GREEN colour, shows the child is well nourished.
	<p>11. Invite 3 to 5 children from the community to volunteer to have their arm measured with the MUAC tape.</p> <p>12. INSTRUCT CDDs to practice using the MUAC tape on the children.</p> <p>13. Provide assistance with MUAC instructions.</p>
	<p>14. INSTRUCT the CDDs to return to the pictures of swollen feet in the <i>CDD Job Aid</i>.</p> <p>15. SHOW the corresponding <i>Instructional Picture</i> for <i>oedema</i>.</p> <p>16. SAY: <i>You must check both feet for swelling or pitting oedema. To check for pitting oedema:</i></p> <ul style="list-style-type: none"> • Press your thumb on the top of both feet for 3 seconds. • If there is an indentation, or a hole, or a pit left after you lift thumb then the child has pitting oedema. • It is important to test <u>both</u> feet. • If there is oedema only in 1 foot then the cause is NOT from malnutrition. <p>17. SAY: <i>Any child with pitting oedema in both feet must be referred to the OTP site.</i></p>



	<p>18. DIVIDE CDDs into groups of 6 people.</p> <p>19. INSTRUCT each group to discuss the questions a CDD must <u>ask</u> the caregiver with a child who appears thin and malnourished.</p> <p>20. Allow 10 to 15 minutes.</p>
	<p>21. INVITE each group to share what they have discussed.</p> <ul style="list-style-type: none"> • Is the child breastfeeding? If no, when was the child weaned? If yes, how often? • Does the child seem hungry? • Does the child seem to be growing? • Does the child have energy to play? • Does the child have any swelling of the feet or ankles? <p>22. ASK: <i>What must you <u>look and touch</u> for when examining the child with malnutrition?</i></p> <ul style="list-style-type: none"> • Ask for permission to examine the child and explain to the caregiver what you are doing. • Check child's general condition. • If the child is more than 6 months old, use the MUAC Tape to measure the child's left arm • Explain to the caregiver why you would like to measure the child's arm. • Check both feet and ankles for swelling and press the top of both feet to check for oedema.
	<p>22. SAY: <i>It is time to practice assessing a child for severe acute malnutrition.</i></p> <p>23. DIVIDE the CDDs into groups of 3.</p> <p>24. EXPLAIN that the CDDs will again take turns playing the role of the CDD, the caregiver, and the observer.</p> <p>25. INSTRUCT the groups to use the same scenario for assessment of SAM.</p> <ul style="list-style-type: none"> • <i>Achan is a 10 month old child. She is very thin, looks sad, and has a large belly.</i> <p>26. Remind CDDs that they use their CDD Job Aid and ask the caregiver about the child's age, the child's problem, and to ask and look for all</p>

	<p>danger signs, fever, fast breathing, and diarrhoea before assessing for SAM.</p> <p>27. Move around the room and give CDDs feedback on their practice</p>
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5.4—Caregiver Messages for SAM (10 min)

	<ol style="list-style-type: none"> 1. SHOW the <i>Instructional Pictures</i> for: <ul style="list-style-type: none"> • <i>breastfeeding</i> • <i>hand washing</i> • <i>immunizations</i> 2. EXPLAIN each of the following health messages for SAM and ask the CDDs to repeat the messages aloud. <ul style="list-style-type: none"> • Breastfeed your children for 2 years or more. • Feed your child on only breast milk for the first 6 month of life. • The first breast milk after birth protects the baby from infections. It should be given to the baby and NOT be discarded. • Breast milk is always clean, the right temperature, and easy for babies to digest. • Breast milk protects babies against infections and dehydration. • Give children a variety of nutritious foods to eat including milk, meat, porridge, fruits and vegetables. • Continue feeding a child even if they are sick.
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5.5—Key CDD Learnings and Evaluation for Day 2 (15 min)

	<p>Facilitator Tip: Ask the co-facilitator to record the responses to the evaluation questions for Day 2. Document the responses for the Training Report.</p>
	<ol style="list-style-type: none"> 1. Congratulate the CDDs for their participation. 2. SAY: <i>Today you learned how to assess a sick child for danger signs, fever, fast breathing, diarrhoea and severe acute malnutrition.</i> 3. SAY: <i>Today you learned what questions to ask the caregiver about the child's symptoms and what signs to look and touch for when examining the sick child.</i>

	<ol style="list-style-type: none"> 4. ASK the CDDs if they have any questions about what they learned today. 5. SAY: <i>There is much to remember. Tomorrow you will learn and practice how to put all the pieces of the assessment together.</i> 6. SAY: <i>Tomorrow you will also learn how to use the information from the sick child assessment to decide what illness the child has.</i> 7. SAY the following Key CDD Learnings for Day 2 and invite the CDDs to repeat them aloud: <ul style="list-style-type: none"> • <i>Always ask the child's age.</i> • <i>Assessment is about asking the caregiver about signs and symptoms and looking and touching the sick child for signs of illness.</i> • <i>Ask and look for all danger signs.</i> • <i>Malaria frequently causes fever.</i> • <i>Malaria can be treated and prevented.</i> • <i>Counsel caregivers to seek treatment of fever as soon as possible.</i> • <i>Count breaths for 1 full minute.</i> • <i>Do NOT look at the timer while counting breaths.</i> • <i>Fast breathing in children is a sign of pneumonia.</i> • <i>Children with SAM have very thin arms and legs and big bellies.</i> • <i>Oedema in both feet is a sign of malnutrition.</i> • <i>Use the MUAC tape to measure for malnutrition in children greater than 6 months.</i> • <i>Children with RED MUAC tape reading must be referred immediately to an OTP centre.</i> • <i>Children with pitting oedema in both feet must be referred to an OTP centre.</i> 8. ASK: <i>What did you like about the training today?</i> Accept answers and ask co-facilitator to record feedback. 9. ASK: <i>What was easy to learn today?</i> Accept answers and ask co-facilitator to record feedback.
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	<p>10. ASK: <i>What was difficult to learn today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p> <p>11. ASK: <i>Was there enough time for each session today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p> <p>12. Review the planned agenda for Day 3.</p> <p>13. Tell CDDs when to arrive on Day 3.</p> <p>14. Remind CDDs of the Group Norms to arrive on time.</p> <p>15. Distribute the daily per diems and ask CDDs to mark the <i>Daily Receipt Form</i> with a thumb print.</p> <p>16. End Day 2.</p>
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DAY 3—Classification & Referral

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Facilitator Tools for Day 3



- ☐ ICCM *Training Attendance Form*
- ☐ Ink pad for thumb print
- ☐ Flipchart paper (1 ream)
- ☐ Marking pens (12 blue or black)
- ☐ Plastic table or mats (3)
- ☐ *CDD Job Aid* (1 for each CDD)
- ☐ Respiratory Timer (1 for each CDD)
- ☐ Respiratory Beads (1 set of each for each CDD)
- ☐ MUAC tape (1 for each CDD)
- ☐ Red danger sign referral triangles (1 set)
- ☐ Yellow referral triangles (1 set)
- ☐ Malnutrition referral triangles (1 set)
- ☐ Dolls (10-12)
- ☐ *Instructional Pictures* (5 sets)
- ☐ 1 sign labeled “YES” and another labeled “NO”
- ☐ 1 sign labeled “REFER” and another labeled “TREAT at HOME”
- ☐ *CDD Recording Form* (one 3-ply page for each CDD)
- ☐ Notepad to record responses to CDD evaluation questions.
- ☐ CDD per diems
- ☐ *Daily Per Diem Receipt Form*

Session 1—Assessment Putting it All Together

Expected Outcomes

It is expected that during this session the CDDs will review the separate steps of assessment of the sick child and put the steps together to do a full assessment. This will include asking, looking, and touching for signs and symptoms of danger signs, fever, fast breathing and cough, diarrhoea and SAM. CDDs will continue to practice recording the child's name, sex, age, and illness on the *CDD Recording Form*.

Learning Objectives

By the end of this session, the CDDs will:

- Complete the full assessment of a sick child.
- Ask, look and touch for signs and symptoms of danger signs, fever, fast breathing and cough, diarrhoea and SAM.
- State why doing a complete assessment of the sick child important.
- Practice recording the child's name, sex, age and illness on the *CDD Recording Form*.

Session Activities

Session	Activity	Time	Method
1.1	Review of Day 1	15 min	Plenary discussion
1.2	Assessment of the Sick Child	45 min	Demonstration and practice
1.3	Recording on the CDD Recording Form	15 min	Group practice

Duration of Session

1 hour and 15 minutes



Facilitator Tools

- *Training Attendance Form*
- Ink pad
- *CDD Job Aid*
- Respiratory timers
- Respiratory beads
- MUAC tapes
- *Instructional Pictures*:
 - All danger signs
 - Fever
 - Fast breathing and cough
 - Diarrhoea
 - SAM
- Dolls


Preparation


- Prepare role play scenarios for activity in section 1.2

Daily Registration


	<ol style="list-style-type: none"> 1. Greet the CDDs as they arrive to the training room. 2. Provide an inkpad and instruct the CDDs complete the <i>Training Attendance Form</i> and take a seat.
	<p>Facilitator Tip: Assist CDDs who are not able to write to complete the attendance form. Ask to place their thumb print as a signature for the first day of training, if they are not able to write their signature.</p>


1.1—Review of Day 2 (15 min)

	<ol style="list-style-type: none"> 1. INVITE a CDD to summarize the activities from Day 2. 2. ASK: <i>What must you ask the caregiver after you have greeted them?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • What is the child's age? • What is the child's sex? • What is the child's problem? • How long has the child had the problem? 3. ASK: <i>What are all the danger signs you must ask and look for?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Convulsions • Abnormally sleepy or difficult to wake • Chest in-breathing and difficulty breathing • Not able to breastfeed or drink anything • Vomiting everything • Neck stiffness 4. ASK: <i>What other symptoms must you assess for in ICCM?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Fever • Fast breathing and cough • Diarrhoea
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	<ul style="list-style-type: none"> Severe Acute Malnutrition
	<p>5. Give positive reinforcement for correct answers. Correct and misunderstanding.</p>
	<p>6. Use the <i>CDD Job Aid</i> to review the assessment process:</p> <ul style="list-style-type: none"> Greet the caregiver Ask the child's name Ask the child's age Ask the child's sex Ask about the child's problem Ask for how long Ask and look for danger signs: <ul style="list-style-type: none"> Convulsions Very sleepy or not able to wake Chest in-drawing Not able to breastfeed or drink Vomits everything Neck stiffness <input type="checkbox"/> Ask and look for signs of illness: <ul style="list-style-type: none"> Fever Fast Breathing and Cough Diarrhoea Severe Acute Malnutrition (SAM)

1.2—Assessment of the Sick Child (45 min)

	<p>1. ASK: <i>Why is doing a complete assessment of the sick child important?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> It helps to decide what is making the child sick. It helps to decide if the child needs to be referred to the PHCU/C or OTP site. It helps to give the correct medicine.
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	<ul style="list-style-type: none"> • It helps to know what advice to give the caregiver. <p>2. SAY: <i>Deciding what is making the child sick is called classification.</i></p> <p>3. SAY: <i>Today we are going to learn how to use the information (or clues) we gathered during the assessment of the sick child to decide what is making the child sick and classify the illness as:</i></p> <ul style="list-style-type: none"> • <i>Danger Sign</i> • <i>Malaria</i> • <i>Pneumonia</i> • <i>Diarrhoea</i> • <i>Severe Acute Malnutrition</i> <p>4. SAY: <i>Before we learn how to classify illness, you will practice how to do a complete assessment of the sick child.</i></p>
	<p>5. Use the following scenario to demonstrate how to assess a child with fever with the co-facilitator:</p> <ul style="list-style-type: none"> • <i>3 year old child who has had fever and cough for the last 5 days and who recently began to have fast breathing in the last day.</i> <p>6. SHOW how to complete the entire assessment process including asking and looking for ALL of the following:</p> <ul style="list-style-type: none"> • convulsions • very sleepy or not able to wake • chest in-drawing • not able to breastfeed or drink • vomiting everything • neck stiffness • fever • fast breathing and cough • watery diarrhoea and bloody diarrhoea • SAM



Facilitator Tip: Pretend to assess a sick child by using a doll or by arranging for a sick child from the community to come to training. Be sure to use the *CDD Job Aid*, Respiratory Timer, Respiratory Beads, and MUAC tape.





7. GIVE the CDDs the following:
 - *CDD Job Aid*
 - Respiratory Timer
 - Respiratory Beads for both ages
 - MUAC tape
8. DIVIDE the CDDs into groups of 3.
9. GIVE each group a doll.
10. EXPLAIN that the CDDs will take turns practicing a complete assessment of a sick child. It includes asking and looking for danger signs and all signs of illness.
11. INSTRUCT the small groups that they will take turns role playing the following people:
 - CDD
 - Caregiver
 - Observer
12. INSTRUCT groups to decide who will be the caregiver for the first role play.
13. INVITE all the “caregivers” to come to the front of the room.
14. TELL the “caregivers” the first scenario about the sick child’s symptoms and instruct them to return to their group.
 - *Deng is 4 years old*
 - *He has been coughing for 5 days.*
 - *Yesterday he began to have difficulty breathing.*
 - *He says it feels hard to get air.*
15. Remind CDDs to use the *CDD Job Aid* and to assess for all danger signs, fever, fast breathing and cough, diarrhoea, and SAM using the CDD tools provided.

	<p>16. Allow enough time to complete a full assessment.</p> <p>17. INSTRUCT the “observers” to give the “CDD” feedback on the full assessment.</p> <p>18. Move around the room and give CDDs feedback on their practice</p>
	<p>Facilitator Tip: Ensure CDDs assess for danger signs, fever, diarrhoea and SAM even though the child has symptoms of fast breathing.</p>
	<p>19. INSTRUCT the CDDs to rotate roles.</p> <p>20. INVITE the second set of the “caregivers” to come to the front of the room.</p> <p>21. TELL the “caregivers” the <u>second scenario</u> about the sick child’s symptoms and instruct them to return to their group.</p> <ul style="list-style-type: none"> • <i>Chuol is 4 months years old</i> • <i>He has had a fever for more than 7 days.</i> • <i>He has been sweating and shivering.</i> • <i>He has not been drinking much.</i> <p>22. Allow enough time to complete a full assessment and rotate around the room.</p> <p>23. INSTRUCT the “observers” to give the “CDD” feedback on the full assessment.</p> <p>24. INSTRUCT the CDDs to rotate roles.</p> <p>25. INVITE the last set of “caregivers” to come to the front of the room.</p> <p>26. TELL the “caregivers” the <u>third scenario</u> about the sick child’s symptoms and instruct them to return to their group.</p> <ul style="list-style-type: none"> • <i>Abuk is 2 years old</i> • <i>She has been unwell for 2 days with diarrhoea.</i> • <i>She has 4-5 watery stools a day.</i> • <i>She is not passing much urine but she is drinking.</i> <p>27. Allow enough time to complete a full assessment and rotate around the room.</p> <p>28. INSTRUCT the “observers” to give the “CDD” feedback on the full</p>

	assessment.
	29. Debrief the activity.



1.3—Recording on the CDD Recording Form (15 min)

	Facilitator Tip: If possible, bring plastic tables or a mat so that CDDs have a hard surface to write on.
	<ol style="list-style-type: none"> 1. GIVE each CDD the top 3 pages of the <i>CDD Recording Form</i>. 2. SAY: <i>After every sick child visit you must complete the CDD Recording Form.</i> 3. SHOW the CDDs the columns with the pictures for recording danger signs, fever, fast breathing and SAM on the <i>CDD Recording Form</i>. 4. INSTRUCT the CDDs to practice putting tick marks on the <i>CDD Recording Form</i> in the following boxes: <ul style="list-style-type: none"> • <u>First row</u>: female—2-11 months and danger sign • <u>Second row</u>: male—2-11 months and fever • <u>Third row</u>: female—1-5 years and fast breathing • <u>Fourth row</u>: male—1-5 years and diarrhoea • <u>Fifth row</u>: female—1-5 years and SAM 5. Assist the CDDs as needed with the co-facilitator and ensure they press hard enough for all 3 copies to be marked clearly. 6. EXPLAIN to the CDDs that tomorrow they will practice using the form again.

Session 2—Classification and Referral of Danger Signs

Expected Outcomes			
It is expected that during this session the CDDs will learn and practice how to correctly classify a child with signs and symptoms of danger signs as having a danger sign and refer them immediately to the PHCU/C. CDDs will be introduced to the referral process, how to give the caregiver a red referral triangle for danger signs and how to give the correct referral advice.			
Learning Objectives			
<p>By the end of this session, the CDDs will:</p> <ul style="list-style-type: none"> • Recognize signs and symptoms of danger signs. • Classify and refer a sick child with a danger sign. • Know how to use the red danger sign referral triangle. • Give the caregiver referral instructions for danger signs. 			
Session Activities			
Session	Activity	Time	Method
2.1	Review Signs and Symptoms of Danger Signs	15 min	Plenary discussion
2.2	Classification and Referral of the Sick Child with Danger Signs	30 min	Demonstration and Role Play
Duration of Session			
45 minutes			
Facilitator Tools			
<ul style="list-style-type: none"> • <i>CDD Job Aid</i> • Red danger sign referral triangles • Dolls • <i>Instructional Pictures:</i> <ul style="list-style-type: none"> ○ All danger signs ○ Red referral triangle with PHCU/C • Signs labeled YES and NO 			
Preparation			
<ul style="list-style-type: none"> <input type="checkbox"/> Prepare 2 signs: labeled “YES” and “NO” <input type="checkbox"/> Review the <i>Classification and Referral Algorithms</i> (see Technical Resources). <input type="checkbox"/> Review the <i>CDD Referral Guidelines</i> (see Technical Resources). 			


2.1—Review Signs and Symptoms of Danger Signs (15 min)


	<p>Facilitator Tip: For each of the following danger signs show the corresponding <i>Instructional Pictures</i>.</p>
	<ol style="list-style-type: none"> 1. SAY: <i>Deciding what is making the child sick is called classification.</i> 2. EXPLAIN that the CDDs will now learn how to classify a danger sign. 3. ASK: <i>How do you know if a sick child has a danger sign of <u>convulsions</u>?</i> EXPLAIN the following answers: <ul style="list-style-type: none"> • Ask the caregiver if the child has convulsions or uncontrolled shaking with the recent illness. • The caregiver says the child had convulsions with the recent illness. • Ask the caregiver about signs of fever with recent illness. • The caregiver says the child has had a fever with the recent illness. • Look at the child to see if he/she is having convulsions. • The child is shaking or having uncontrolled twitching of the face, arms or legs. • The child's arms and legs are stiff. • The child is not awake during the convulsion. 4. ASK: <i>How do you know if a sick child has a danger sign of being <u>abnormally sleepy or difficult to wake</u>?</i> EXPLAIN the following answers: <ul style="list-style-type: none"> • Ask the caregiver if the child is sleeping more than usual. • The caregiver says the child is difficult to wake. • The caregiver says the child is weak and unable to sit up. • The caregiver says the child is difficult to wake or does not wake at all. • Look at the child to see if they are awake. • If the child is 1 year or older see if s/he is able to sit up without


	<p>support.</p> <ul style="list-style-type: none"> • If the child is asleep, clap your hands loudly near their ear to see if the child wakes, or ask the caregiver to shake the child. • The child does not awaken at all or awakens briefly and goes back to sleep.
5.	<p>ASK: <i>How do you know if a sick child has the danger sign of <u>chest in-drawing</u>?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver if the child has difficulty breathing or noisy breathing. • The caregiver says the child has difficulty breathing and sucks for air when breathing in. • Look at the lower part of the child's chest to see how the child is breathing. • The child's lower chest sucks in when the child takes a breath in. • The child appears to be having difficulty breathing.
6.	<p>ASK: <i>How do you know if a sick child has the danger <u>not able to drink or breastfeed</u>?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver how the child has been drinking. • The caregiver says the child stopped breastfeeding or drinking or is drinking very little. • Offer breast milk or water to drink. • The child refuses to drink the breast milk or water.
7.	<p>ASK: <i>How do you know if a sick child has a danger sign of <u>vomiting everything</u>?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver if the child has vomited. • Ask the caregiver how soon after eating or drinking does the child vomit. • Ask the caregiver if the child seems thirsty. • The caregiver says the child is vomiting everything they eat or drink. • Offer the child something to drink and look if the child vomits everything.


	<p>8. ASK: <i>How do you know if a sick child has a danger sign of <u>neck stiffness</u>?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver if the child has had a fever. • Ask the caregiver if the child has had difficulty turning his/her head. • Ask the caregiver if the child has complained of a headache or neck stiffness. • Ask the child who can sit to stretch their legs out in front of them and try to touch their chin to their chest and observe for stiffness or pain. • Gently turn the infants' head from side to side and look for stiffness.
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2.2—Classification and Referral of Sick Child with Danger Signs (30 min)

	<ol style="list-style-type: none"> 1. SAY: <i>Infants and children with any danger signs can get worse very quickly and can die if not treated.</i> 2. EXPLAIN that the CDDs will now learn how to classify danger signs. 3. GIVE each CDD a <i>CDD Job Aid</i> and a set of RED referral triangles. 4. SAY: <i>You must classify and immediately refer a child with danger signs if they have 1 of the following:</i> <ul style="list-style-type: none"> • <i>The caregiver says the child has convulsions with the recent illness.</i> • <i>The child is convulsing or having body twitches.</i> • <i>The child is very sleepy or difficult to wake.</i> • <i>The child has difficulty breathing and the child's lower chest sucks in when the child takes a breath in.</i> • <i>The caregiver says the child does not breastfeed or drink anything.</i> • <i>The child refuses to drink the breast milk or water when offered.</i> • <i>The caregiver says the child is vomiting everything they eat or drink.</i>
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	<ul style="list-style-type: none"> • <i>The caregiver says the child has been complaining of fever with neck stiffness and headache.</i> • <i>The child is not able to move their neck without stiffness or pain.</i> <p>5. SAY: <i>A sick child with 1 or more danger sign must be referred immediately to the nearest PHCU/C.</i></p> <p>6. ASK: <i>After classifying a child with a danger sign what must you do next?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Complete the full assessment by quickly asking the caregiver about symptoms of fever, fast breathing and cough, diarrhoea and SAM and looking and touching for signs of illness. • Explain to caregiver what you think the child's problem is. • Explain to the caregiver that the child is very sick and needs immediate medical attention at the PHCU/C. • Give the caregiver a RED referral triangle. • Give the caregiver instructions for how to get to the referral site. <p>7. SHOW the <i>Instructional Picture</i> for <i>red referral triangle with PHCU/C site</i>.</p> <p>8. EXPLAIN the purpose of the RED referral triangles.</p> <p>9. SAY: <i>A child with a danger sign of chest in-drawing or a child with fever and any danger signs needs to be treated before going to the PHCU/C.</i></p> <p>10. EXPLAIN to the CDDs that they will learn about treatment medicines tomorrow.</p> <p>11. SAY: After referring a child to the PHCU/C it must be recorded on the <i>CDD Recording Form</i>.</p> <p>12. EXPLAIN that the CDDs will practice recording a referral on the <i>CDD Recording Form</i> later in the day.</p>
	<p>13. Use the following scenario to demonstrate with the co-facilitator how to classify and refer a child with a danger sign:</p> <ul style="list-style-type: none"> • <i>3 year old child with convulsions</i>

	<p>14. SHOW how to:</p> <ul style="list-style-type: none"> • Ask and look at the child for danger signs. • Ask and look at the child for other signs of illness. • Explain to the caregiver what the child's problem is. • Explain to the caregiver that the child is very sick and needs immediate medical attention at the PHCU/C. • Give the caregiver the red triangle with referral instructions.
	<p>15. INSTRUCT the CDDs to stand in the centre of the room.</p> <p>16. SAY: <i>You will now practice classifying a child for danger signs.</i></p> <p>17. EXPLAIN that you will be reading different sick child scenarios out loud.</p> <p>18. EXPLAIN that each CDD must decide on their own if the sick child has a danger sign or not.</p> <p>19. Place a sign labeled "YES" on the right side of the training room.</p> <p>20. Place a sign labeled "NO" on the left side of the training room.</p> <p>21. EXPLAIN to the CDDs that if they think the child does have a danger sign, they must stand on the <u>right</u> side of the room with the sign "YES".</p> <p>22. EXPLAIN that if they stand on the right side of the room they will also need to say which danger sign it is.</p> <p>23. EXPLAIN to the CDDs that if they think the child does NOT have a danger sign, they must stand on the <u>left</u> side of the room with the sign "NO".</p> <p>24. READ the following danger sign scenarios aloud and give the correct answer after all the CDDs have moved.</p> <ul style="list-style-type: none"> • <i>The caregiver says her 2 year old boy has been hot, sweating and shivering for many days and his arms and legs sometimes get stiff and shake.</i> YES, convulsions. • <i>An 11 month child has been coughing for many days but does not have difficulty breathing or chest in-drawing.</i> NO.

	<ul style="list-style-type: none"> <i>You examine a 4 year old child and see she is very weak and sleepy. You try to wake her by making a loud noise next to her ear but she does not wake.</i> YES; abnormally sleepy or not able to wake <i>The caregiver says her 5 month child is weak and has stopped breastfeeding.</i> YES; not able to drink or breastfeed. <i>The caregiver says her 3 year old child has been vomiting a few times a day but manages to eat some porridge without vomiting.</i> NO. <i>A 9 month child's lower chest sucks in when the child takes a breath in.</i> YES. Chest in-drawing. <i>A 4 year old child with fever has been complaining of neck stiffness and headache. The child is not able to move their neck without pain.</i> YES. Neck stiffness. <p>25. Thank the CDDs for their participation and instruct them to sit.</p>
	<p>26. DIVIDE the CDDs into pairs.</p> <p>27. INSTRUCT the pairs to take turns role playing the:</p> <ul style="list-style-type: none"> CDD Caregiver <p>28. EXPLAIN that the CDDs will now take turns practicing giving the caregiver referral instructions for 1 child who is abnormally sleepy and difficult to wake and another child who has been vomiting everything</p> <p>29. INSTRUCT the CDDs to use the CDD Job Aid and red referral triangles.</p> <p>30. Move around the room and provide feedback.</p>

Tea Break

Session 3—Classification and Referral for Severe Illness and SAM




Expected Outcomes			
It is expected that during this session the CDDs will learn and practice how to correctly classify a child with signs and symptoms of severe illness and refer them to the PHCU/C or OTP site as needed. CDDs will learn to refer children who are less than 2 months and older than 5 years and those with illnesses they are not able to classify. CDDs will learn how to give the caregiver a yellow referral triangle for severe illness and how to give the correct referral advice. CDDs will also learn how to give the caregiver a malnutrition referral triangle for the OTP site and how to give advice for an OTP referral. Lastly, CDDs will practice how to record referrals on the <i>CDD Recording Form</i> .			
Learning Objectives			
<p>By the end of this session, the CDDs will:</p> <ul style="list-style-type: none"> Recognize signs and symptoms of severe illness and SAM. Classify and refer a sick child with severe illness or SAM based on the assessment questions and exam of the sick child. Know how and when to use the yellow and malnutrition referral triangles. Give the caregiver referral instructions for both the PHCU/C and OTP sites. Practice recording referrals on the <i>CDD Recording Form</i>. 			
Session Activities			
Session	Activity	Time	Method
3.1	Review Signs and Symptoms of Severe Illness and SAM	30 min	Plenary discussion
3.2	Classification and Referral for Severe Illness and SAM	45 min	Demonstration and Role Play
3.3	Referral for Other Reasons	10 min	Plenary discussion
3.4	Giving the Caregivers Advise for Sick Children that Need Referral	10 min	Demonstration and Role Play
3.5	Recording on the CDD Recording Form	15 min	Group practice
Duration of Session			
1 hour 50 min			
Facilitator Tools			
<ul style="list-style-type: none"> <i>CDD Job Aid</i> Yellow referral triangles Malnutrition referral triangles Respiratory timers Respiratory beads MUAC tapes <i>Instructional Pictures:</i> 			

- Fever for 7 days or more
- Respiratory timer and both respiratory beads with red beads circled
- Watery diarrhoea with 14 suns
- Bloody diarrhoea
- Severe illness yellow referral triangle with PHCU/C site
- Infant with SAM measured with MUAC tape
- Red MUAC tape reading
- Pitting oedema of both feet
- Malnutrition referral triangle and OTP site
- Signs labeled YES and NO
- *CDD Recording Form*

Preparation

- Prepare 2 signs: labeled “YES” and “NO”
- Review the *Classification and Referral Algorithm* (see Technical Resources).
- Review the *CDD Referral Guidelines* (see Technical Resources).



3.1—Review Signs and Symptoms of Severe Illness and SAM (30 min)

	<p>Facilitator Tip: During this session and the following sessions you will be training the CDDs to classify illness based on number of days the child has had a symptom. It will be important to use language and concepts the CDDs will understand to count number of days.</p> <p>For example: 7 days or more; less than 7 days; 14 days or more; less than 14 days; more than 21 days.</p>
	<p>Facilitator Tip: For each of the following severe illnesses, show the corresponding <i>Instructional Pictures</i>.</p>
	<ol style="list-style-type: none"> 1. SAY: <i>You will now learn to classify a child with severe illness.</i> 2. SAY: <i>Severe illnesses are:</i> <ul style="list-style-type: none"> • <i>severe malaria</i> • <i>severe dehydration from diarrhoea</i> • <i>SAM</i> 3. SAY: <i>Children with signs and symptoms of severe illnesses must also be referred.</i> 4. SAY: <i>A child with fever for <u>7 days or more</u> is classified as <u>severe malaria</u>.</i>



	<p>5. SAY: <i>Children with severe malaria must be treated and referred.</i></p> <p>6. ASK: <i>How do you know if a sick child with fever needs to be referred to the PHCU/C?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver how long the child has had fever. • The caregiver says the child has had <u>fever for 7 days or more.</u> • The child is weak and is not eating or drinking. • The child has convulsions. • The child has a stiff neck. <p>7. SAY: <i>A child with diarrhoea for <u>14 days or more</u> is classified as <u>severe diarrhoea.</u></i></p> <p>8. SAY: <i>A child with diarrhoea and <u>blood in the stool</u> is also classified as <u>severe diarrhoea.</u></i></p> <p>9. SAY: <i>Children with severe diarrhoea must be treated and referred.</i></p> <p>10. ASK: <i>How do you know if a sick child with diarrhoea needs to be referred to the PHCU/C?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver how long the child has had diarrhoea. • The caregiver says the child has had <u>diarrhoea for 14 days or more.</u> • Ask the caregiver if there is blood in the child's stool. • The caregiver says the child has <u>diarrhoea with blood in the stool.</u> • The skin pinch test goes back very slowly (2 seconds or more). • The child is abnormally sleepy or difficult to wake. • The child is not drinking or able to drink. • The child has sunken eyes. • The child is vomiting everything. <p>11. SAY: <i>A child with a <u>red MUAC tape</u> reading is a sign of SAM.</i></p> <p>12. SAY: <i>A child with a <u>pitting oedema in both feet</u> is a sign of</i></p>
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	<p>SAM.</p> <p>13. SAY: <i>Children with SAM must be referred to the OTP site.</i></p> <p>14. ASK: <i>How do you know if a child is malnourished and needs to go to the OTP site?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • The child has very thin arms and legs • The child appears thin and small for his/her age. • The child's rib bones can be easily seen. • The child has a big belly. • The caregiver says the child has not been eating. <p>AND</p> <ul style="list-style-type: none"> • MUAC tape reading is RED • The child has swelling and pitting oedema in both feet. <p>15. SAY: <i>Chest in-drawing is classified as severe pneumonia and a danger sign and should be treated and immediately referred.</i></p>
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3.2—Classification and Referral for Severe Illness and SAM (45 min)

	<p>Facilitator Tip: For each of the following severe illnesses, show the corresponding <i>Instructional Pictures</i>.</p>
	<ol style="list-style-type: none"> 1. INSTRUCT the CDDs to look at their <i>CDD Job Aid</i>. 2. SAY: <i>You must classify a child with severe illness if they have any of the following:</i> <ul style="list-style-type: none"> • <i>Fever for 7 days or more.</i> • <i>Diarrhoea for 14 days or more.</i> • <i>Diarrhoea with blood in the stool.</i> 3. SAY: <i>A child with severe illness must be referred to the nearest PHCU/C.</i> 4. ASK: <i>After classifying a child with severe illness what must you do?</i>

	<p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Explain to caregiver what you think the child's problem is. • Explain to the caregiver that the child is very sick and needs to go to the PHCU/C. • Give the child pre-referral medicine. • Give the caregiver a yellow referral triangle. • Give the caregiver instructions for how to get to the referral site. <p>5. SHOW the <i>Instructional Picture</i> for <i>yellow referral triangle with PHCU/C site</i>.</p> <p>6. GIVE each CDD a set of YELLOW referral triangles.</p> <p>7. EXPLAIN the purpose of the yellow referral triangles.</p> <p>8. EXPLAIN that children with severe malaria and severe diarrhoea must get medicine before going to the PHCU/C.</p> <p>9. SAY: <i>You must classify a child with SAM if they have any of the following:</i></p> <ul style="list-style-type: none"> • <i>MUAC tape reading of RED.</i> • <i>Pitting oedema in both feet.</i> <p>10. SHOW the <i>Instructional Pictures</i> for:</p> <ul style="list-style-type: none"> • <i>SAM infant measured with MUAC tape</i> • <i>RED MUAC tape reading</i> • <i>Pitting oedema of both feet.</i> <p>11. SAY: <i>A sick child with SAM must be referred to the nearest OTP site.</i></p> <p>12. ASK: <i>After classifying a child with SAM what must you do?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Explain to the caregiver what you think the child's problem is. • Explain to the caregiver that the child is very sick and needs nutritional attention at the OTP site. • Give the child pre-referral medicine. • Give the caregiver a malnutrition referral triangle for OTP site. • Give the caregiver instructions for how to get to the OTP site.
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	<p>13. SHOW the <i>Instructional Picture</i> for <i>malnutrition referral triangle with OTP site</i>.</p> <p>14. GIVE each CDD a set of MALNUTRITION referral triangles.</p> <p>15. EXPLAIN the purpose of the malnutrition referral triangles.</p> <p>16. EXPLAIN how the red and yellow referral triangles differ from the malnutrition triangles.</p> <p>17. EXPLAIN that children with SAM must get medicine before going to the OTP site. Caregivers must be given instructions to inform the OTP site of the pre-referral medicines the child has taken.</p>
	<p>18. Use the following 2 scenarios to demonstrate with the co-facilitator how to classify and refer a child for severe illness or SAM:</p> <ul style="list-style-type: none"> • 3 year old child with fever for 10 days • 4 year old child with MUAC tape reading of red. <p>19. SHOW how to:</p> <ul style="list-style-type: none"> • Assess the child for fever, fast breathing, diarrhoea, and SAM. • Explain to the caregiver what the child's problem is. • Explain to the caregiver that the child is very sick and needs medical attention at the PHCU/C or OTP site. • Give the caregiver the yellow triangle with referral instructions.
	<p>20. INSTRUCT the CDDs to stand again.</p> <p>21. SAY: <i>You will now practice classifying a child for severe illness and SAM.</i></p> <p>22. EXPLAIN that you will be reading different sick child scenarios out loud.</p> <p>23. EXPLAIN that each CDD must decide on their own if the sick child has a severe illness or SAM.</p> <p>24. Place a sign labeled “YES” on the right side of the training room.</p> <p>25. Place a sign labeled “NO” on the left side of the training room.</p> <p>26. EXPLAIN to the CDDs that if they think the child does have a severe illness or SAM sign they must stand on the <u>right</u> side of the room,</p>

	<p>with the sign “YES”.</p> <p>27. EXPLAIN that if they stand on the right side of the room they must also say which illness it is.</p> <p>28. EXPLAIN to the CDDs that if they think the child does NOT have a severe illness or SAM they must stand on the <u>left</u> side of the room, with the sign “NO”.</p> <p>29. READ the following scenarios aloud and give the correct answer after all the CDDs have moved:</p> <ul style="list-style-type: none"> <i>The caregiver says her 3 year old boy has been hot, sweating and shivering for 8 days. The child does not have an appetite and is very weak. When you examine the child they feel very hot.</i> YES. Severe malaria. <i>The caregiver says her 2 year old child has had diarrhea for 5 days and she has noticed blood in the child’s stool</i> YES. Severe diarrhoea. <i>A 2 year old child with thin arms and legs with a MUAC tape reading of green.</i> NO <i>The caregiver says her 3 year old child has had diarrhoea for 15 days. When you examine the child you notice his eyes are sunken and when you do a skin pinch test it takes a long time for the skin to return to normal</i> YES. Severe diarrhoea. <i>A 2 year old child with pitting oedema in both feet.</i> YES. SAM <p>30. Thank the CDDs for their participation and instruct them to sit.</p>
	<p>31. DIVIDE the CDDs into groups of 2 people each.</p> <p>32. INSTRUCT the pairs to take turns role playing the :</p> <ul style="list-style-type: none"> CDD Caregiver <p>33. EXPLAIN that during the first role play CDDs will practice giving the</p>

	<p>caregiver referral instructions for a child with severe malaria.</p> <p>34. EXPLAIN that during the second role play CDDs will practice giving the caregiver referral instructions for a child with SAM.</p> <p>35. INSTRUCT the CDDs to use the <i>CDD Job Aid</i> and the yellow and malnutrition referral triangles.</p>
	<p>36. Review all the signs of illness that must be referred:</p> <ul style="list-style-type: none"> • All danger signs • Fever for 7 days or more • Diarrhoea for 14 days or more • Red MUAC tape reading • Pitting oedema both feet <p>37. SAY: <i>Some danger signs and severe illnesses must be treated with medicine before going to the referral site.</i></p> <p>38. SAY: <i>Tomorrow you will learn how to give the correct treatment for each illness and what advice you must give the caregiver about the treatment.</i></p>



LUNCH

3.3—Referral for Other Reasons (10 min)

	<p>1. SAY: <i>The following sick children must always be referred:</i></p> <ul style="list-style-type: none"> • <i>Any sick child with 1 or more danger signs.</i> • <i>Any child classified with severe illness.</i> • <i>Any child with signs of SAM</i> <p>2. SAY: <i>Sometimes you will need to refer patients to the PHCU/C for other reasons.</i></p> <p>3. ASK: <i>Does anyone know what other reasons you must refer a patient?</i></p> <p>EXPLAIN the following answers:</p>
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	<ul style="list-style-type: none"> • All children under 2 months of age. • All children over 5 years of age • All sick adults. • All children between 2 months and 5 years with symptoms or illness that the CDD is not able to classify. • All children with illnesses the CDD is not able to treat. • Any child with cough for more than 3 weeks or living with a family member who has a history of TB. • A child who gets worse while taking treatment given by the CDD. • A child who does not get better after full treatment given by the CDD. • Any child brought to a CDD without symptoms and signs of fever (malaria), pneumonia, diarrhoea or SAM.
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3.4—Giving the Caregivers Advice for Sick Children that Need Referral (10 min)

	<p>1. ASK: <i>What do you need to tell the caregiver before she takes her child to the referral site?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Positive reinforcement for recognizing the sick child is sick. • What the CDD thinks is wrong with the child. • Why the child needs to be referred. • The urgency to get immediate medical attention. • How to take the medications. • The name of the referral site. • The location of the referral site. • The distance to the referral site.
	<p>2. Remind the CDDs about the active listening skills they learned the first day.</p> <p>3. DIVIDE the CDDs into pairs.</p> <p>4. INSTRUCT the CDDs to take turns role playing giving the caregiver advice about referral of a sick child.</p>

	<ol style="list-style-type: none"> GIVE the first scenario and allow CDDs to role play. <ul style="list-style-type: none"> <i>A child with severe malaria.</i> INSTRUCT the CDDs to switch roles and give the second scenario: <ul style="list-style-type: none"> <i>A child with SAM.</i> Move around the room with the co-facilitator to observe and give feedback on the role-plays.
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3.5—Recording on the CDD Recording Form (15 min)

	<p>Facilitator Tip: If possible, bring plastic tables or a mat so that CDDs have a hard surface to write on.</p>
	<ol style="list-style-type: none"> GIVE each CDD the top 3 pages of the <i>CDD Recording Form.</i> SAY: <i>It is important to record all sick children that are referred to the PHCU/C or OTP site on the CDD Recording Form.</i> Remind the CDDs of the columns with the pictures for recording danger signs, fever, fast breathing and SAM on the <i>CDD Recording Form.</i> SHOW the CDDs the columns and pictures for recording <u>referrals</u>. SAY: <i>You must also put a check mark under the PHCU/C picture if the child was referred to the PHCU/C or OTP site.</i> SAY: <i>If the child was not referred, do not put a check mark.</i> EXPLAIN that if the column for danger sign is ticked; the column for referral must also be ticked. EXPLAIN that if the column for SAM is ticked; the column for referral must also be ticked. EXPLAIN that if the column for fever is ticked and the child has fever for more than 7 days; the column for referral must also be ticked. EXPLAIN that if the column for diarrhoea is ticked and the child has diarrhoea for more than 14 days or blood in the stool; the column for referral must also be ticked. INSTRUCT the CDDs to practice putting tick marks on the <i>CDD</i>

	<p><i>Recording Form</i> in the following boxes:</p> <ul style="list-style-type: none"> • <u>First row</u>: female—2-11 months—danger sign—referral • <u>Second row</u>: female—1-5 years—SAM—referral • <u>Third row</u>: female—2-11 months—fast breathing—no referral • <u>Fourth row</u>: male—1-5 years—diarrhoea— referral • <u>Fifth row</u>: male—2-11 months—danger sign—fever—referral • <u>Sixth row</u>: female—1-5 years—fever—no referral <p>12. Assist the CDDs as needed with the co-facilitator and ensure they press hard enough for all 3 copies to be marked clearly.</p> <p>13. EXPLAIN to the CDDs that tomorrow they will practice using the form again.</p>
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Session 4—Classification and Advice for Illnesses Treated at Home

Expected Outcomes			
It is expected that during this session the CDDs will learn and practice how to correctly classify a child with signs and symptoms of moderate illnesses that can be treated by the caregiver at home. CDDs will put everything together by using critical thinking skills to use information from the assessment process to decide if a patient has a danger sign, severe illness, SAM or an illness that can be treated at home. Lastly, CDDs will be introduced to the advice they need to give caregivers for home treatment. At the end of this session, CDDs will review key learnings for Day 3 and answer questions to evaluate how the training went.			
Learning Objectives			
<p>By the end of this session, the CDDs will:</p> <ul style="list-style-type: none"> Recognize signs and symptoms of moderate illnesses that can be treated at home. Classify a sick child with moderate illness that can be treated at home based on the assessment of the sick child. Give the caregiver advice for how to care for the child at home and what to do if the child does not improve. 			
Session Activities			
Session	Activity	Time	Method
4.1	Classification of Illnesses Caregivers can Treat at Home	30 min	Plenary Discussion
4.2	Classification of the Sick Child—A Review	45 min	Review Game
4.3	Giving Caregivers Advice for Home Based Care and Treatment	15 min	Plenary Discussion
4.4	Key Learnings and Evaluation for Day 3	10 min	Plenary Discussion
Duration of Session			
1 hour 40 minutes			
Facilitator Tools			
<ul style="list-style-type: none"> <i>CDD Job Aid</i> Signs labeled REFER and TREAT at HOME Notepad to record responses to CDD evaluation questions Cash for CDD per diems <i>Daily Per Diem Receipt Form</i> 			
Preparation			
<ul style="list-style-type: none"> Prepare 2 signs: labeled “REFER” and “TREAT at HOME” Review the review scenarios in Section 4.2. Review the <i>Classification and Referral Algorithm</i> (see Technical Resources). 			

- Review the *CDD Referral Guidelines* (see Technical Resources).
- Confirm the date, time, and location of the clinical session.

4.1—Classification of Illnesses Caregivers can Treat at Home (30 min)



1. SAY: ***Sometimes a sick child's symptoms do not need referral and can be treated at home.***
2. INSTRUCT the CDDs to look at their *CDD Job Aid*.
3. ASK: ***How do you know if a sick child with fever can be treated by the caregiver at home?***


EXPLAIN the following answers:

- Ask the caregiver how long the child has had the fever.
- The caregiver says the child has had fever for LESS THAN 7 days.
- The child does NOT have any danger signs or signs of severe illness.

4. SAY: ***A child with fever less than 7 days and without any danger signs is classified as uncomplicated malaria that can be treated at home.***
5. ASK: ***How do you know if a sick child with fast breathing and cough can be treated by the caregiver at home?***

EXPLAIN the following answers:

- Ask the caregiver how the child has been breathing.
- Ask the caregiver how long the child has had the cough.
- The child has fast breathing and a cough for LESS THAN 21 days.
- Use the respiratory timer and correct respiratory beads based on the child's age.
- Count the number of breaths the child has in 1 minute and repeat.
- The child has fast breathing based on 2 red bead readings on the respiratory beads.
- The child does NOT have chest in-drawing.
- The child does NOT have any danger signs or signs of severe

	<p>illness.</p> <p>6. SAY: <i>A child with <u>fast breathing and cough less than 21 days</u> and without any danger signs is classified as <u>pneumonia</u> that can be treated at home.</i></p> <p>7. ASK: <i>How do you know if a sick child with diarrhoea can be treated by the caregiver at home?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> • Ask the caregiver how long the child has had diarrhoea. • The caregiver says the child has had <u>diarrhoea for LESS THAN 14 days.</u> • Ask the caregiver if there is blood in the child's stool. • The caregiver says the child has <u>diarrhoea does NOT have blood in the stool.</u> • The skin pinch test goes back in LESS THAN 2 seconds. • The child does NOT have any danger signs or signs of severe illness. <p>8. SAY: <i>A child with <u>watery diarrhoea less than 14 days</u> or <u>diarrhoea with no blood and no signs of severe dehydration</u> is classified as diarrhoea that can be treated at home.</i></p> <p>9. SAY: <i>A child can be treated at home if they do NOT have any danger signs or signs of severe illness and have:</i></p> <p>10. Review the signs of illness that can be treated at home:</p> <ul style="list-style-type: none"> • NO danger signs. • NO signs of severe illness. • Fever for <u>less than 7 days.</u> • Fast breathing and cough less than 21 days and no signs of chest in-drawing. • Diarrhoea for less than 14 days. • Diarrhoea with NO blood in the stool.
	<p>Facilitator Tip: Check the CDDs understanding of the difference between signs and symptoms that require referral and those that can be treated at home.</p> <p>For example, the difference between severe malaria and uncomplicated malaria and the difference between severe diarrhoea and diarrhoea that can be treated at home.</p>

You may need to repeat this information and clarify it several times so that all CDDs understand how to classify illness.

4.2—Classification of the Sick Child—A Review (45 min)



Facilitator Tip: It is very important that you take the time to do the following exercise thoroughly even though it may be late in the day.

This is critical information the CDDs need to learn. CDDs will need to memorize information through repetition and use of critical thinking and decision making skills.


You may want to consider doing an energizer beforehand.





1. INSTRUCT the CDDs to stand again.
2. SAY: ***You will now practice classifying a child for any illness and decide if the child must be referred or can be treated at home.***
3. EXPLAIN that you will be reading different sick child scenarios out loud.
4. EXPLAIN that each CDD must decide on their own if the sick child needs to be referred or can be treated at home.
5. Place a sign labeled “REFER” on the right side of the training room.
6. Place a sign labeled “TREAT at HOME” on the left side of the training room.
7. EXPLAIN to the CDDs that if they think the sick child needs to be referred they must stand on the right side of the room, with the sign “REFER”.
8. EXPLAIN that if they stand on the right side of the room they must say whether the child should be referred to the PHCU/C or OTP site and why.
9. EXPLAIN to the CDDs that if they think the sick child can be treated at home they must stand on the left side of the room, with the sign “TREAT at HOME”.
10. Encourage the CDDs to refer to their ***CDD Job Aid***.
11. READ the following scenarios aloud and give the correct answer after all the CDDs have moved:

	<ul style="list-style-type: none"> • 3 year old boy is hot, sweating and shivering for and 10 days. The child is vomiting and has convulsions. The child feels very hot. <p>REFER—for danger sign</p> <ul style="list-style-type: none"> • 1 year old child with 5 loose stools every day for the past 3 days. The child looks alert. The child is breastfeeding. <p>TREAT at HOME for diarrhoea.</p> <ul style="list-style-type: none"> • 3 year old with very thin arms and legs. Child is vomiting with diarrhoea for 7 days. The child looks weak and complains of being thirsty <p>REFER—even without knowing the MUAC reading, any child who has signs of SAM and is vomiting with diarrhoea must be immediately referred to the PHCU/C.</p> <ul style="list-style-type: none"> • 18 month child with cough for 10 days. Is having difficulty breathing. You examine the child you for fast breathing using the respiratory timer and respiratory beads. You stop on the third red bead on both readings. The child does not have any danger signs or chest in-drawing. <p>TREAT at HOME for fast breathing and cough.</p> <ul style="list-style-type: none"> • 6 year old child with fever for the past 2 days. Does not have much appetite. The child feels hot and looks irritable. Does not have any other symptoms of illness. <p>TREAT at HOME for uncomplicated malaria.</p> <ul style="list-style-type: none"> • 7 year old child has fever, chills, and sweating for 2 weeks. <p>REFER. The child is older than 5 years.</p> <ul style="list-style-type: none"> • 8 month old child has fever and difficulty breathing for 7 days. The caregiver says the child has had a cough for a long time. <p>REFER for other disease. The child has a cough for more than 21 days.</p> <p>12. Thank the CDDs for their participation and instruct them to sit.</p>
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4.3—Giving Caregivers Advice for at Home Based Care and Treatment (15 min)

	<ol style="list-style-type: none"> 1. EXPLAIN that any child that is sent home for home-based treatment will be given medication. 2. EXPLAIN that it is important to give the caregiver clear instructions about how to give the treatments at home. 3. ASK: <i>What other information and advice must you give the caregiver?</i> EXPLAIN the following answers: <ul style="list-style-type: none"> • Give caregiver positive reinforcement for early recognition of child's illness. • What the CDD thinks is wrong with the child. • To take the child to the PHCU/C if the child gets sicker. • To take the child to the PHCU/C if the child develops a danger sign. • To take the child to the PHCU/C if the child does not get better in 2 days or after full treatment of the medicine. 4. EXPLAIN that tomorrow CDDs will learn how to give the caregiver advice about how to give medicines.
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4.4—Key Learnings and Evaluation for Day 3 (10 min)

	<p>Facilitator Tip: Ask the co-facilitator to record the responses to the evaluation questions for Day 3. Document the responses for the Training Report.</p>
	<ol style="list-style-type: none"> 1. Congratulate the CDDs for their participation. 2. SAY: <i>Today you have learned how to classify a sick child for danger signs, severe illness and for illnesses that can be treated at home.</i> 3. SAY: <i>You learned what questions to ask the caregiver and what signs to look for to decide if a child is very sick and must be referred to the PHCU/U or an OTP site.</i> 4. SAY: <i>You learned what questions to ask the caregiver and what signs to look and touch for to decide if a child can be treated at</i>

	<p><i>home.</i></p> <p>5. SAY: <i>Tomorrow you will learn and practice how to select and give the correct treatment for each illness.</i></p> <p>6. EXPLAIN how tomorrow CDDs will learn and practice how to use the other sections of the <i>CDD Job Aid</i>.</p> <p>7. SAY the following <i>Key CDD Learnings</i> for Day 3 and invite the CDDs to repeat them aloud.</p> <ul style="list-style-type: none"> • <i>Refer all children with any danger sign immediately to the PHCU/C.</i> • <i>Refer all children with SAM to the OTP site.</i> • <i>Refer all children with signs of severe illness to the PHCU/C.</i> • <i>Fever for 7 days or more is a sign of severe malaria and needs to be referred to the PHCU/C.</i> • <i>Diarrhoea for 14 days or more is a sign of severe diarrhoea and needs to be referred to the PHCU/C.</i> • <i>Diarrhoea with blood in the stool is a sign of severe diarrhoea and needs to be referred to the PHCU/C.</i> • <i>Refer all infants less than 2 months old.</i> • <i>Refer all children older than 5 years old.</i> • <i>Sick children with NO danger signs and no signs of severe illness or SAM can be treated at home.</i> • <i>Fever for less than 7 days and no danger sign can be treated at home.</i> • <i>Fast breathing and cough less than 21 days and no signs of chest in-drawing or danger signs can be treated at home.</i> • <i>Diarrhoea for less than 14 days and with NO blood in the stool or signs of dehydration can be treated at home.</i> <p>8. ASK: <i>What did you like about the training today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p> <p>9. ASK: <i>What was easy to learn today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p> <p>10. ASK: <i>What was difficult to learn today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p>
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	<p>11. ASK: <i>Was there enough time to participate and learn from the other CDDs?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p> <p>12. Review the planned agenda for Day 4.</p> <p>13. Tell CDDs when to arrive on Day 4.</p> <p>14. Distribute the daily per diems and ask CDDs to mark the <i>Daily Receipt Form</i> with a thumb print.</p> <p>15. End Day 3.</p>
	<p>Facilitator Tip: Depending on the plans for the clinical session, you may wish to inform the CDDs of any updates on the clinical session location and schedule.</p>

DAY 4—Treatment & Caregiver Advice

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Facilitator Tools for Day 4



- ☐ *ICCM Training Attendance Form*
- ☐ Ink pad for thumb print
- ☐ Plastic table or mats (3)
- ☐ *CDD Job Aid* (1 for each CDD)
- ☐ Dolls (10-12)
- ☐ *Instructional Pictures* (5 sets)
- ☐ *Caregiver Treatment Handouts* for all medicines and doses (5 sets)
- ☐ Examples of all the treatment medicines:
 - ☐ AS+AQ tablets pink and purple box (5 blisters of each)
 - ☐ Amoxicillin tablets pink and green box (5 blisters of each)
 - ☐ ORS packets (10 sachets)
 - ☐ Zinc tablets green box (5 blisters)
- ☐ Cups (5-6)
- ☐ Safe drinking water (5 litres)
- ☐ Spoons (5-6)
- ☐ Sugar (1 bag/box)
- ☐ *CDD Recording Form* (one 3-ply page for each CDD)
- ☐ Notepad to record responses to CDD evaluation questions.
- ☐ CDD per diems
- ☐ *Daily Per Diem Receipt Form*

Session 1—Treatment of Sick Children

Expected Outcomes

It is expected that during this session the CDDs will be introduced to the medicines they will be using to treat children for malaria, pneumonia and diarrhoea and for treatment of malaria and pneumonia in children with SAM. CDDs will learn about selecting the correct medicine for the illness and about selecting the correct dose based on age. CDDs will learn how to crush and mix tablets in safe water and how to give medicines to children. Finally, CDDs will practice giving caregiver instructions about treatments using the *CDD Job Aid* and the *Caregiver Treatment Handouts*.

Learning Objectives

By the end of this session, the CDDs will:

- Choose the correct medicines for malaria, pneumonia and diarrhoea and SAM.
- Choose the correct treatment dose for the child's age.
- Know how to give medicines to sick children.
- Use the *CDD Job Aid* to give caregiver treatment instructions.
- Give the caregiver the correct *Caregiver Treatment Handout*.

Session Activities

Session	Activity	Time	Method
1.1	Review Day 3	20 min	Review Game
1.2	Introduction to Treatment of Sick Children	30 min	Plenary
1.3	Selecting the Correct Medicine for the Illness	30 min	Demo and Role Play
1.4	Giving Medicines to Sick Children	45 min	Demo and Role Play
1.5	Caregiver Instructions for Giving Children Medicine	45 min	Demo and Role Play

Duration of Session

2 hours and 50 minutes

Facilitator Tools



- *Training Attendance Form*
- Ink pad
- *CDD Job Aid*
- *Caregiver Treatment Handouts* for all medicines and doses
- Examples of all the treatment medicines:
 - AS+AQ tablets pink and purple box
 - Amoxicillin tablets pink and green box
 - ORS packets
 - Zinc tablets green box
- Cups
- Safe drinking water

- Spoons
- Sugar
- Dolls
- *Instructional Pictures:*
 - AS+AQ infant and toddler dose
 - Amoxicillin infant and toddler dose
 - ORS solution 3 packets
 - 1 litre of water container
 - Zinc tablets infants and toddler dose
 - SAM give AS+AQ and amoxicillin
 - NEVER give ORS or Zinc to children with SAM
 - Give first dose of medicine with caregiver



Preparation

- Review the *Treatment Algorithms* (see Technical Resources).
- Ensure all the *Instructional Pictures* are clean and in the correct order.

Daily Registration

	<ol style="list-style-type: none"> 1. Greet the CDDs as they arrive to the training room. 2. Provide an inkpad and instruct the CDDs complete the <i>Training Attendance Form</i> and take a seat.
	<p>Facilitator Tip: Assist CDDs who are not able to write to complete the attendance form. Ask to place their thumb print as a signature for the first day of training, if they are not able to write their signature.</p>


1.1—Review of Day 3 (20 min)

	<ol style="list-style-type: none"> 1. INVITE a CDD to summarize the activities from Day 3.
	<ol style="list-style-type: none"> 2. DIVIDE the CDDs into 2 teams. 3. EXPLAIN the following review game instructions: <ul style="list-style-type: none"> • CDD teams will review what they learned yesterday by answering questions. • Each team will take turns answering a question. • Each team must give a complete answer for it to be correct. • After 1 team has given their answer, the other team must decide if the answer is correct.

	<p>4. ASK: List 5 reasons you must refer a sick child to the PHCU/C?</p> <p>Accept any 5 of the following answers:</p> <ul style="list-style-type: none"> • Any danger sign • Any severe illness • Fever 7 days or more • Diarrhoea for 14 days (2 weeks) or more • Diarrhoea with blood in the stool • A cough of 21 days (3 weeks) or more • Any other illness the CDD is not able to classify or treat • Babies under 2 months • Children older than 5 years • All adults • Children that do not get better after treatment <p>5. ASK: List ALL of the reasons you must refer a sick child to the OTP site?</p> <p>Accept the following answers:</p> <ul style="list-style-type: none"> • A MUAC tape reading of red • Pitting oedema of both feet • When the child has SAM <p>6. ASK: What must you give the caregiver when the child is referred to the PHCU/C or OTP site?</p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • A red referral triangle for danger signs • A yellow referral triangle for severe illness • A malnutrition triangle for SAM <p>7. ASK: What signs and symptoms can be treated at home? (list 4)</p> <p>Accept any 4 of the following answers:</p> <ul style="list-style-type: none"> • No danger signs are present • No signs of SAM present • No signs of severe illness are present • The child has had fever for less than 7 days and no danger
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	<p>signs</p> <ul style="list-style-type: none"> • The child has fast breathing and cough with no chest in-drawing or other danger signs • Diarrhoea for less than 14 days (2 weeks) • Diarrhoea with no blood in stool
8.	GIVE positive reinforcement for correct answers. Correct and misunderstanding.

1.2—Introduction to Treatment of Sick Children (30 min)

	<ol style="list-style-type: none"> 1. SAY: <i>Today you will learn how to treat sick children with medicines and how to give the caregiver advice about the treatments.</i> 2. SAY: <i>Sometimes you will give children medicine before they go to the PHCU/C.</i> 3. SAY: <i>Sometimes you will give children treatment before they go home.</i> 4. SAY: <i>It is important to always give the caregiver clear instructions about how to give medicines to a sick child.</i> 5. ASK: <i>What are the illnesses CDDs will treat in ICCM?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Malaria • Pneumonia and fast breathing • Diarrhoea • SAM 6. SAY: <i>It is important to give the correct medicine for each illness.</i> 7. GIVE each CDD a <i>CDD Job Aid.</i> 8. INSTRUCT the CDDs to look at the pictures of the treatment medicines in the <i>CDD Job Aid.</i> 9. ASK: <i>Does anyone know what medicine you will give for malaria?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • ACT
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	<ul style="list-style-type: none"> • Antimalaria medicine • AS+AQ • Artesunate and Amodiaquine tablets • Medicine in the pink and purple boxes
	<p>10. SAY: <i>The name of the medicine you will give to treat malaria is AS+AQ.</i></p> <p>11. SHOW both boxes of AS+AQ tablets.</p> <p>12. SHOW the <i>Instructional Pictures</i> for <i>infant and toddler doses of AS+AQ tablets.</i></p> <p>13. INSTRUCT the CDDs to find the pictures of both doses of AS+AQ in the <i>CDD Job Aid.</i></p> <p>14. EXPLAIN that the infant dose for 2-11 months is in a PINK box and the child dose for 1-5 years is in a PURPLE box.</p> <p>15. EXPLAIN that both boxes contain 3 tablets: the <u>child's dose tablets are bigger</u> than the infant tablets.</p> <p>16. EXPLAIN to the CDDs that they will learn how and when to give AS+AQ tablets in the next session.</p> <p>17. ASK: <i>Does anyone know what medicine you will give for pneumonia?</i> Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Amoxicillin • Medicine in pink and green boxes <p>18. SAY: <i>The name of the medicine you will give to treat fast breathing and cough is amoxicillin.</i></p> <p>19. SHOW both boxes of amoxicillin tablets.</p> <p>20. SHOW the <i>Instructional Pictures</i> for <i>infant and toddler doses of amoxicillin tablets.</i></p> <p>21. INSTRUCT the CDDs to find the pictures of both doses of amoxicillin in the <i>CDD Job Aid.</i></p> <p>22. EXPLAIN that the infant dose for 2-11 months is in a PINK box and the child dose for 1-5 years is in a GREEN box.</p> <p>23. EXPLAIN that the infant box has 20 tablets and the child box has</p>

	<p>30 tablets.</p> <p>24. EXPLAIN to the CDDs that they will learn how and when to give amoxicillin tablets in the next session.</p> <p>25. ASK: <i>Does anyone know what medicines you will give for diarrhoea?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • There are 2 medicines for diarrhoea. • ORS (Oral Rehydration Salts) Solution for dehydration. • Zinc tablets. • Medicine in the white envelope. • Medicine in the green box. <p>26. SAY: <i>There are 2 medicines to treat diarrhoea. They are ORS solution and Zinc.</i></p> <p>27. SHOW the ORS packet and the box of Zinc tablets.</p> <p>28. SHOW the <i>Instructional Pictures</i> for <i>ORS Packets and Zinc tablets</i>.</p> <p>29. INSTRUCT the CDDs to find the pictures in the <i>CDD Job Aid</i>.</p> <p>30. SAY: <i>ORS or Oral Rehydration Salts are mixed with safe water. ORS is given to replace the water and important body salts lost with diarrhoea.</i></p> <p>31. EXPLAIN that the CDDs will need to teach the caregiver how mix the ORS powder in safe water before giving it to infants and children to drink.</p> <p>32. SAY: <i>Zinc is a mineral in the body that is lost when a child has diarrhoea.</i></p> <p>33. SAY: <i>Zinc tablets help replace the minerals lost and help to shorten time the child has diarrhoea and can prevent diarrhoea from happening for a few months.</i></p> <p>34. SHOW that each box of Zinc tablets contains several blister sheets or packs of 10 tablets each.</p> <p>35. EXPLAIN that the age dosing for Zinc is a little different than the other medicines.</p> <p>36. EXPLAIN that infants <u>2 to 6 months</u> will get ½ tablet for 10 days</p>
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	<p>and a child <u>7 months to 5 years</u> will get 1 tablet for 10 days.</p> <p>37. EXPLAIN to the CDDs that they will learn how and when to give ORS and Zinc tablets in the next session.</p> <p>38. SHOW the <i>Instructional Pictures</i> for <i>SAM give AS+AQ and amoxicillin</i>.</p> <p>39. EXPLAIN that the CDDs will NOT be treating children for SAM, but they will be giving children with SAM AS+AQ and amoxicillin to treat malaria and pneumonia.</p> <p>40. ASK: <i>Does anyone know why you will be giving children with SAM AS+AQ and amoxicillin?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Children with SAM do not always show symptoms of illness like malaria and pneumonia. • To treat for malaria and pneumonia.
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Tea Break


1.3—Selecting the Correct Medicine for the Illness (30 min)


	<p>1. SAY: <i>There is a different medicine for each illness.</i></p> <p>2. SAY: <i>It is very important to give the right medicine to a sick child.</i></p> <p>3. SAY: <i>That is why doing a full assessment is important in order to decide or classify the illness the child has.</i></p> <p>4. SAY: <i>After you have selected the right medicine you must give the right amount or dose.</i></p> <p>5. ASK: <i>How do you know which dose of medicine to give?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • It depends on the age. • Babies get less medicine. • Older children will get more medicine. • Body weight. • From the <i>CDD Job Aid</i>.
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	<ul style="list-style-type: none"> • Different colour boxes.
6.	SAY: <i>That is why it is important to always ask the child's age during the assessment.</i>
7.	SAY: <i>After you have selected the right medicine for the illness and the right dose for the age, you must know how long the child must take the medicine.</i>
8.	SAY: <i>Some medicines are given <u>once a day</u>.</i>
9.	SAY: <i>Some medicines are given <u>in the morning and at night</u>.</i>
10.	SAY: <i>Some medicines are given for <u>3 days</u>. Some medicines are given for <u>5 days</u>. Some medicines are given for <u>10 days</u>.</i>
11.	<p>ASK: <i>How do you know how many tablets you must give and for how many days?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Each box of medicine has exactly the number of tablets the child must take. • The <i>CDD Job Aid</i> explains how many tablets to give every day. • The <i>CDD Job Aid</i> explains how many days the child must take the medicine. • The <i>Caregiver Treatment Handouts</i>.
12.	SAY: <i>You must always give the first dose of any medicine before the child is referred to the PHCU/C or before the child goes home with the caregiver.</i>
13.	Show the <i>Instructional Picture</i> for <i>give the first dose of medicine with the caregiver</i> .
14.	<p>ASK: <i>Why is it important to give the first dose with the caregiver?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • To know the child has received the treatment as soon as possible. • To teach the caregiver how to give the medicine. • To watch if the child can swallow the medicine and does not vomit.
15.	SAY: <i>If the child does NOT have a danger sign, you must ask the caregiver to wait 30 minutes after giving the first dose of</i>

	<p><i>the medicine to make sure the child does not vomit the medicine.</i></p> <p>16. SAY: <i>Children with danger signs must be treated first and referred to the PHCU/C immediately.</i></p> <p>17. SAY: <i>It is very important the child takes the full course of all medicines and does not stop taking medicine if they get better.</i></p> <p>18. GIVE each CDD a copy of each <i>Caregiver Treatment Handouts</i>.</p> <p>19. EXPLAIN the purpose of the <i>Caregiver Treatment Handouts</i>.</p> <p>20. EXPLAIN that the CDDs will give the caregiver the correct <i>Caregiver Treatment Handout</i> when they give the medicine.</p>
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1.4—Giving Medicines to Sick Children (30 min)




	<p>1. SAY: <i>You must always give the first dose of any medicine before the child is referred to the PHCU/C and before the child goes home with the caregiver.</i></p> <p>2. SHOW the <i>Instructional Picture</i> for <i>give first dose of medicine with caregiver</i>.</p> <p>3. SAY: <i>All of the medicines you give a sick child must be swallowed.</i></p> <p>4. ASK: <i>What are some reasons a child is not able to swallow a medicine?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • The child is difficult to wake or unconscious. • The child is vomiting. • The child is convulsing. • Does not like the taste. <p>5. SAY: <i>Before giving a child medicine make sure the child:</i></p> <ul style="list-style-type: none"> • <i>Is able to swallow</i> • <i>Is not vomiting</i> • <i>Is alert or awake</i> <p>6. SAY: <i>Always give the first dose of medicine in front of the caregiver. Teach the caregiver how to give the remaining</i></p>
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	<p>medicine.</p> <p>7. ASK: <i>How will you give small children tablets to swallow?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • The medicine must be crushed and mixed with safe water. • Give the child a sip at a time. <p>8. SAY: ONLY use safe water to mix medicines.</p> <p>9. ASK: <i>Does anyone remember how to make water safe before drinking?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Boiling water for 1 minute. Let the water cool and pour into clean container. Keep container covered. Store covered container in a clean place. Using sunlight or the SODIS method. <p>10. SAY: Sometimes the medicine tastes bad and the child will spit out the medicine. Adding a teaspoon of sugar or honey to the mixture can help.</p>
	<p>11. SHOW how to crush and mix a tablet and give children medicine.</p> <p>12. SAY the following while you demonstrate:</p> <ul style="list-style-type: none"> • Begin by always washing your hands. • Crush the tablet (s) with the back of a spoon inside an empty cup. • Mix the crushed tablet(s) with a small amount of safe water and if available a spoonful of sugar or honey. • Stir well. • Give to the child a sip at a time. <p>13. SAY: Give the infant the medicine with a spoon or a dropper by squeezing the infant's cheeks and opening the mouth.</p> <p>14. SAY: You can give the child the tablet to swallow with safe water or crush the medicine and give it in a cup to drink.</p> <p>15. SAY: Sometimes children will vomit after giving them</p>

	<p>medicine.</p> <p>16. ASK: <i>What should you do if the child vomits after giving them medicine?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Wait 30 minutes and give another dose. <p>17. SAY: <i>If the child is not able to swallow any medicine they should be referred immediately to the PHCU/C.</i></p>
	<p>18. SAY: <i>You will now practice crushing tablets and mixing them in safe water.</i></p> <p>19. DIVIDE the CDDs into groups of 4.</p> <p>20. GIVE each group the following tools:</p> <ul style="list-style-type: none"> • 1 cup • 1 spoon • 4 tablets • Sugar • 1 doll <p>21. INSTRUCT each group to take turns crushing a tablet and mixing it in water.</p> <p>22. INSTRUCT each group to use the dolls to practice giving the child the medicine with a spoon.</p>

1.5—Caregiver Instructions for Giving Children Medicine (45 min)

	<p>1. SAY: <i>It is important to give the caregiver good instructions about how and when to give a sick child medicine.</i></p> <p>2. SAY: <i>It is also important to use active listening skills to make sure the caregiver understands the instructions.</i></p> <p>3. SAY: <i>Caregivers must be given complete treatment instructions before going to the PHCU/C or before going home.</i></p> <p>4. SAY: <i>Caregivers must also get the correct Caregiver Treatment Handouts with all medicines.</i></p> <p>5. SAY: <i>It is very important that the caregiver understand that the child must complete the full course of treatment even if the</i></p>
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	<p><i>child gets better.</i></p> <p>6. ASK: <i>Why must the child complete the full course of treatment?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> If medicines are stopped before the full course of treatment the child may get sick again.
	<p>Facilitator Tip: Use the <i>CDD Job Aid</i> and <i>Caregiver Treatment Handouts</i> in the following role play.</p>
	<p>7. SHOW how to give the caregiver treatment instructions by role-playing the following with the co-facilitator:</p> <ul style="list-style-type: none"> Tell the caregiver the reason for giving the medicine to the child. Wash your hands. Show the caregiver how to give the tablets: <ul style="list-style-type: none"> How many tablets to give per dose How to divide a tablet (for Zinc tablets only) How to crush tablets Watch caregiver practice and prepare a dose. Ask caregiver to give the first dose to the child. Tell caregiver if the child vomits, wait for a while and then give the tablets again. Give caregiver the correct <i>Caregiver Treatment Handout</i>. Explain carefully how to give the medicine: <ul style="list-style-type: none"> How many tablets How many times per day When to give the tablets (morning, night) For how many days Explain that all the tablets must be taken to complete the full course of treatment, even if the child seems to be better. Check that the caregiver understands the instructions by asking her to repeat them back to you.
	<p>8. ASK: <i>What other advice you must give the caregiver?</i></p> <p>EXPLAIN the following answers:</p> <ul style="list-style-type: none"> Go immediately to the PHCU/C if the child:

	<p>Is not able to drink or breast-feed</p> <p>Becomes worse</p> <p>Has a danger sign</p> <p>Does not get better</p> <ul style="list-style-type: none"> • Give the child extra fluids: <ul style="list-style-type: none"> More breastfeeding Give more drinks • Keep feeding the child: <ul style="list-style-type: none"> Do not stop breastfeeding Encourage the child to eat • Keep all medicines out of the reach of children. • Store medicines in a dry and dark place. • Store medicines away from mice and insects
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Lunch

Session 2—Treatment and Advice for Malaria, Pneumonia Diarrhoea and SAM

Expected Outcomes			
It is expected that during this session the CDDs will learn how to give the correct medicine and caregiver treatment advice for malaria, pneumonia, diarrhoea and SAM. CDDs will practice preparing ORS solution and giving caregiver instructions for preparation of ORS at home. CDDs will practice giving specific caregiver instructions and advice for the treatment of the sick child.			
Learning Objectives			
<p>By the end of this session, the CDDs will:</p> <ul style="list-style-type: none"> • Know the doses and duration of AS+AQ tablets to give for malaria. • Know the doses and duration of amoxicillin tablets to give for pneumonia. • Know the how to prepare ORS solution and how to give for diarrhoea and dehydration. • Know the doses and duration of Zinc tablets to give for diarrhoea and dehydration. • Know the doses and duration of AS+AQ and amoxicillin tablets to give to children with SAM. • Give caregiver advice for each medicine. • Give caregiver advice for the management of sick children at home. 			
Session Activities			
Session	Activity	Time	Method
2.1	Treatment for Malaria and Caregiver Advice	30 min	Plenary discussion Demonstration and role play
2.2	Treatment for Pneumonia and Caregiver Advice	30 min	Plenary discussion Demonstration and role play
2.3	Treatment for Diarrhoea and Dehydration and Caregiver Advice	60 min	Plenary discussion Demonstration and role play
2.4	Treatment of Malaria and Pneumonia for Children with SAM	15 min	Plenary discussion
2.5	Review Game	30 min	Review game
Duration of Session			
2 hours 55 min			
Facilitator Tools			
<ul style="list-style-type: none"> • <i>CDD Job Aid</i> • <i>Caregiver Treatment Handouts</i> for all medicines and doses • Examples of all the treatment medicines: <ul style="list-style-type: none"> ○ AS+AQ tablets pink and purple box 			

- Amoxicillin tablets pink and green box
- ORS packets
- Zinc tablets green box
- Cups
- Clean water
- Spoons
- Sugar
- Dolls
- *Instructional Pictures* (4 sets):
 - AS+AQ infant and toddler dose
 - Amoxicillin infant and toddler dose
 - ORS solution 3 packets
 - 1 litre of water container
 - Zinc tablets infants and toddler dose
 - SAM give AS+AQ and amoxicillin
 - NEVER give ORS or Zinc to children with SAM
 - Give first dose of medicine with caregiver

Preparation

- Ensure each of the 4 sets of *Instructional Pictures* for the Review Game are complete, clean and the order is shuffled.
- Review the *Treatment Algorithms* (see Technical Resources).
- Review the *Instructions for Mixing ORS Solution* (see Technical Resources).

2.1—Treatment for Malaria and Caregiver Advice (30 min)





1. ASK: ***What is the name of the medicine you will give to treat malaria?***

Accept the following answer:


- AS+AQ

2. SAY: ***AS+AQ is a medicine that kills the malaria germ.***
3. SAY: ***You will give AS+AQ as a pre-referral treatment to children with severe malaria and for children with malaria that can be treated at home.***
4. SAY: ***You will also give AS+AQ as a pre-referral treatment to children with fever and any danger sign.***
5. SAY: ***There are 2 doses of AS+AQ.***
 - 1 for infants 2 to 11 months in the pink box



	<ul style="list-style-type: none"> • 1 for children 1 to 5 years in the purple box <p>6. SHOW the 2 dose boxes of AS +AQ.</p> <p>7. SAY: <i>There are 3 tablets in each box.</i></p> <p>8. SHOW the sealed foil sheet of 3 tablets from each box.</p> <p>9. SHOW how the infant tablets are smaller than the child tablets.</p> <p>10. SAY: <i>Both the infant and the child must get <u>1 tablet a day for 3 days</u>.</i></p> <p>11. SAY: <i>If the child can swallow and is not vomiting, crush and mix the first tablet and give it to the child with the caregiver.</i></p> <p>12. SAY: <i>Give the caregiver the box with other 2 tablets.</i></p> <p>13. ASK: <i>What else must you give the caregiver?</i></p> <p>Accept the following answer:</p> <ul style="list-style-type: none"> • The <i>Caregiver Treatment Handout</i> for the correct dose of AS +AQ. <p>14. SAY: <i>You must advise the caregiver to give the child the other 2 tablets.</i></p> <p>15. SAY: <i>Advise the caregiver NOT to stop the treatment even if the child gets better.</i></p> <p>16. SAY: <i>Advise the caregiver NOT give the medicine other sick children.</i></p> <p>17. SAY: <i>Show the caregiver how to give a sick child with fever a sponge bath with lukewarm water using the towel.</i></p> <p>18. EXPLAIN to the CDDs that they must to tell the caregiver to take their child to the PHCU/C if the child becomes worse, or if the child:</p> <ul style="list-style-type: none"> • Gets fever again • Has convulsions • Has any other danger sign
	<p>19. SHOW how to give the caregiver instructions for treatment with AS+AQ by role-playing with the co-facilitator using the <i>CDD Job Aid</i> and <i>Caregiver Treatment Handouts</i>.</p>

	<p>20. SAY: <i>You will now practice using the CDD Job Aid and Caregiver Treatment Handouts to give the caregiver treatment instructions for treatment of malaria.</i></p> <p>21. DIVIDE the CDDs into groups of 2.</p> <p>22. GIVE each group the Caregiver Treatment Handouts for AS +AQ.</p> <p>23. INSTRUCT each group to take turns and role play the CDD giving the caregiver treatment instructions for both doses of AS+AQ using the CDD Job Aid and Caregiver Treatment Handouts.</p> <p>24. INSTRUCT the groups to give the caregiver the following treatment instructions:</p> <ul style="list-style-type: none"> • The reason for giving the medicine to the child (malaria). • The name of the medicine. • The number of tablets to give each time. • The number of times a day to give each dose. • The number of days to complete the full treatment. • Advice to complete the full course of treatment. • When to go to the PHCU/C. <p>25. INSTRUCT the first role play to give caregiver instructions for a <u>5 month infant</u> with fever / malaria.</p> <p>26. INSTRUCT the second role play to give caregiver instructions for a <u>3 year old child</u> with fever / malaria.</p> <p>27. Observe and listen to the CDDs and give feedback.</p>
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2.2—Treatment for Pneumonia and Caregiver Advice (30 min)

	<p>1. ASK: <i>What is the name of the medicine you will give to treat pneumonia?</i></p> <p>Accept the following answer:</p> <ul style="list-style-type: none"> • Amoxicillin <p>2. SAY: <i>Amoxicillin is a medicine that kills germs that cause pneumonia.</i></p> <p>3. SAY: <i>You will give amoxicillin as a pre-referral treatment to</i></p>
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	<p><i>children with severe pneumonia who have a danger sign of <u>chest in-drawing</u> and for <u>pneumonia</u> the caregiver can treat at <u>home</u>.</i></p> <p>4. SAY: <i>There are 2 doses of amoxicillin.</i></p> <ul style="list-style-type: none"> • <i>1 for infants 2 to 11 months in the pink box</i> • <i>1 for children 1 to 5 years in the green box</i> <p>5. SHOW the 2 dose boxes of amoxicillin.</p> <p>6. SAY: <i>There are 20 tablets in the pink box.</i></p> <p>7. SAY: <i>There are 30 tablets in the green box.</i></p> <p>8. SHOW the how many pills are in each box.</p> <p>9. SAY: <i>Infants 2-11 months child must get <u>2 tablets twice day</u> for 5 days. This means the child must swallow 2 tablets every morning for 5 mornings and 2 tablets every night for 5 nights.</i></p> <p>10. SAY: <i>Children 1-5 months child must get <u>3 tablets twice day</u> for 5 days. This means the child must swallow 3 tablets every morning for 5 mornings and 3 tablets every night for 5 nights.</i></p> <p>11. SAY: <i>If the child can swallow and is not vomiting, crush and mix the first dose of tablets and give it to the child with the caregiver.</i></p> <p>12. SAY: <i>Give the caregiver the box with remaining tablets.</i></p> <p>13. ASK: <i>What else must you give the caregiver?</i></p> <p>Accept the following answer:</p> <ul style="list-style-type: none"> • The Caregiver Treatment Handout for the correct dose of amoxicillin. <p>14. SAY: <i>You must advise the caregiver to take the second dose of amoxicillin within 8 to 12 hours the first day.</i></p> <p>15. SAY: <i>It is important the caregiver understands when and how to give the child the remaining tablets.</i></p> <p>28. SAY: <i>Advise the caregiver NOT to stop the treatment even if the child gets better.</i></p> <p>29. SAY: <i>Advise the caregivers NOT to give the medicine to other sick children.</i></p>
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	<p>16. EXPLAIN to the CDDs that they must tell the caregiver to take their child to the PHCU/C if the child gets worse or if the child:</p> <ul style="list-style-type: none"> • Breathing or cough gets worse • Has chest in-drawing • Has any other danger sign
	<p>17. SHOW how to give the caregiver instructions for treatment with <u>amoxicillin</u> by role-playing with the co-facilitator using the <i>CDD Job Aid</i> and <i>Caregiver Treatment Handouts</i>.</p>
	<p>18. SAY: <i>You will now practice using the CDD Job Aid and Caregiver Treatment Handouts to give the caregiver treatment instructions for treatment of pneumonia.</i></p> <p>19. DIVIDE the CDDs into groups of 2.</p> <p>20. GIVE each group the <i>Caregiver Treatment Handouts</i> for amoxicillin.</p> <p>21. INSTRUCT each group to take turns and role play the CDD giving the caregiver treatment instructions for both doses of amoxicillin using the <i>CDD Job Aid</i> and <i>Caregiver Treatment Handouts</i>.</p> <p>22. INSTRUCT the groups to give the caregiver the following treatment instructions:</p> <ul style="list-style-type: none"> • The reason for giving the medicine to the child (pneumonia). • The name of the medicine. • The number of tablets to give each time. • The number of times a day to give each dose. • The number of days to complete the full treatment. • Advice to complete the full course of treatment. • When to go to the PHCU/C. <p>23. INSTRUCT the first role play to give caregiver instructions for a <u>9 month infant</u> with pneumonia.</p> <p>24. INSTRUCT the second role play to give caregiver instructions for a <u>2 year old child</u> with pneumonia.</p> <p>25. Rotate during the role-plays to observe and listen to the CDDs and give feedback.</p>


2.3—Treatment for Diarrhoea and Dehydration and Caregiver Advice (60 min)





1. ASK: *What medicines will you give to treat diarrhoea and dehydration?*

Accept the following answer:
 - ORS solution
 - Zinc tablets
2. SAY: *ORS solution helps to replace the water and salts lost from the body when a child has diarrhoea and is dehydrated.*
3. SAY: *Zinc tablets help to replace the minerals lost from the body when a child has diarrhoea.*
4. SAY: *You will give ORS solution and Zinc tablets as a pre-referral treatment to children with severe diarrhoea and dehydration and for children with diarrhoea the caregiver can treat at home.*
5. SAY: *Each ORS packet must be mixed in 1 litre of safe water and given to the child to drink.*
6. SAY: *It is important to show the caregiver how to prepare the ORS solution when you mix the first dose.*
7. SHOW the ORS packet.
8. SAY: *Infants and children with diarrhoea should get 1 packet of ORS mixed in 1 litre of safe water every day for 3 days.*
9. SAY: *If the child can swallow and is not vomiting, mix 1 packet of ORS in 1 litre (4 cups) of safe water.*
10. SAY: *Give the child frequent sips of the prepared solution to drink with a spoon or a cup.*
11. SAY: *The child should be encouraged to drink as much as possible and to finish the entire solution in 1 day (24 hours).*
12. SAY: *If the child has severe diarrhoea, give the prepared ORS solution to the caregiver with a cup and instruct the caregiver to give to the child as much as the child can drink on the way to the PHCU/C. Give the caregiver the remaining 2 packets of ORS.*

13.	SAY: <i>If the child vomits after drinking the ORS solution, wait 10 minutes and give again but more slowly and smaller sips.</i>
14.	SAY: <i>If the child has diarrhoea that can be treated at home, give the child the child sips of the ORS solution to drink until the child is not thirsty. Give the caregiver the remaining prepared solution and instruct her to give to the child to drink until it is finished.</i>
15.	SAY: <i>Give the caregiver the remaining 2 packets of ORS and teach her how to prepare and give to the child.</i>
16.	ASK: <i>What else must you give the caregiver?</i> Accept the following answer: <ul style="list-style-type: none"> • The Caregiver Treatment Handout for ORS
17.	ASK: <i>What advice must you give the caregiver about giving ORS solution?</i> Accept and explain the following answer: <ul style="list-style-type: none"> • To continue breastfeeding and giving other fluids. • To give the ORS solutions in addition to breast milk even if the child is only breastfeeding • To throw away any unused mixed ORS solution after 24 hours and prepare a new solution each day. • To go to the PHCU/C if the child does not get better. • To go to the PHCU/C if the child is vomiting everything or has any other danger sign.
18.	SAY: <i>Give the caregiver the remaining prepared ORS solution and 2 more packets of ORS solution even if the child is referred to the PHCU/C.</i>
19.	SAY: <i>Infants and children with diarrhoea must also get Zinc tablets.</i>
20.	SAY: <i>The box of Zinc tablets has blister packs of 10 tablets each.</i>
21.	SHOW the box of Zinc tablets and the blister packs of 10 tablets.
22.	SAY: <i>Infants <u>2 to 6 months</u> must get ½ a tablet for 10 days. This means the baby must swallow ½ tablet mixed in safe water every morning for 10 mornings.</i>
23.	SAY: <i>It is important to give the caregiver of an infant 2 to 6</i>

	<p><i>months all 10 tablets and teach her how to cut the tablet in half and throw the other half away.</i></p> <p>24. SAY: <i>Children <u>7 months to 5 years</u> must get 1 a tablet for 10 days. This means the child must chew or swallow 1 tablet every morning for 10 mornings.</i></p> <p>25. SAY: <i>Zinc tablets are the ONLY medicine that can be mixed with breast milk. All the other medicines MUST be mixed in safe water.</i></p> <p>26. ASK: <i>What else must you give the caregiver?</i></p> <p>Accept the following answer:</p> <ul style="list-style-type: none"> • The <i>Caregiver Treatment Handout</i> for the correct dose of Zinc tablets. <p>27. SAY: <i>Advise the caregiver NOT to stop the treatment even if the child gets better.</i></p> <p>28. SAY: <i>Advise the caregiver NOT give the medicine other sick children.</i></p> <p>29. ASK: <i>What advice should you give the caregiver about Zinc tablets?</i></p> <p>Accept and explain the following answer:</p> <ul style="list-style-type: none"> • Give Zinc tablets for 10 days and complete the full treatment. • Mix the tablets in safe water or breast milk. • If the child is old enough they can chew the tablet. • Give extra fluids or breastfeed frequently. • Continue feeding with breast milk or food.
	<p>30. SHOW how to prepare ORS solution and how to teach the caregiver to make the ORS solution at home.</p> <p>31. SAY the following instructions while you show the CDDs how to prepare an ORS solution:</p> <ul style="list-style-type: none"> • Ask the caregiver to watch you prepare the solution so she can make it at home. • Wash your hands with soap and water. • Pour all the powder from 1 ORS packet into a clean container. • Use any available container, such as a jar, bowl or bottle.

	<ul style="list-style-type: none"> • Pour 4 cups of safe water into the container with the ORS powder. • Mix well until the powder is completely dissolved. • Keep the container of prepared solution covered, and throw away any solution remaining from the day before. • Mix a new ORS packet each day in a clean container.
	<p>32. SHOW how to give the caregiver instructions for treatment with <u>ORS solution and Zinc tablets</u> by role-playing with the co-facilitator using the <i>CDD Job Aid</i> and <i>Caregiver Treatment Handouts</i>.</p>
	<p>33. SAY: <i>You will now practice using the CDD Job Aid and Caregiver Treatment Handouts to give the caregiver treatment instructions for treatment of diarrhoea and dehydration.</i></p> <p>34. DIVIDE the CDDs into groups of 2.</p> <p>35. GIVE each group the <i>Caregiver Treatment Handouts</i> for ORS and Zinc.</p> <p>36. INSTRUCT each group to take turns and role play the CDD giving the caregiver treatment instructions for ORS and both doses of Zinc using the <i>CDD Job Aid</i> and <i>Caregiver Treatment Handouts</i>.</p> <p>37. INSTRUCT the groups to give the caregiver the following treatment instructions:</p> <ul style="list-style-type: none"> • The reason for giving the medicine to the child (diarrhoea and dehydration). • The name of each medicine. • The number of ORS packets to prepare each day. • To throw away unused ORS solution after 24 hours. • The number of Zinc tablets to give each time. • The number of times a day to give each dose. • The number of days to complete the full treatment. • Advice to complete the full course of treatment. • When to go to the PHCU/C. <p>38. INSTRUCT the first role play to give caregiver instructions for a <u>10 month infant</u> with diarrhoea.</p> <p>39. INSTRUCT the second role play to give caregiver instructions for a <u>5 year old child</u> with diarrhoea.</p>

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| | 40. Rotate during the role-plays to observe and listen to the CDDs and give feedback. |
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2.4—Treatment of Malaria and Pneumonia for Children with SAM (15 min)



1. SAY: **Children classified with SAM are given treatment for malaria and pneumonia before referring them to the OTP site.**
2. ASK: **Why are children with SAM given medicine for malaria and pneumonia?**

Accept or explain the following answers:
 - Children who are malnourished are more at risk of getting malaria and pneumonia.
 - Children with SAM are not able to produce fever when they are sick with illnesses like malaria or pneumonia.
 - Giving medicines for malaria and pneumonia can prevent them from getting sicker or dying from those illnesses.
3. ASK: **What is the name of the medicine to treat malaria?**

Accept the following answer:
 - AS+AQ
4. ASK: **What is the name of the medicine to treat pneumonia?**


Accept the following answer:
 - Amoxicillin.
5. SHOW the *Instructional Pictures* for *SAM triangles and AS+AQ and amoxicillin.*
6. ASK: **What else must you give the caregiver?**

Accept the following answer:
 - The *Caregiver Treatment Handout* for the correct dose of AS+AQ and amoxicillin.
7. SAY: **It is important to inform caregivers that they must NEVER give ORS solution or Zinc tablets to children with SAM even if the child has diarrhoea.**
8. SHOW the *Instructional Pictures* for *NEVER give ORS or Zinc to*

	<p><i>children with SAM.</i></p> <p>9. ASK: Why is giving ORS solution or Zinc tablets to children with SAM dangerous?</p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Children who are malnourished are not able to digest the salts and minerals • ORS solution can make oedema worse. <p>10. SAY: It is also important to tell caregivers to show the nutrition workers at the OTP site the medicine box or the Caregiver Treatment Handouts.</p>
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Tea Break

2.5—Review Game (30 min)

	<ol style="list-style-type: none"> 1. Divide the CDDs into 3 groups. 2. GIVE each group a set of the following <i>Instructional Pictures</i>: <ul style="list-style-type: none"> • AS+AQ PINK box and 1 tablet 3 days • AS+AQ PURPLE box and 1 tablet 3 days • Amoxicillin PINK box 2 tablets twice a day for 5 days • Amoxicillin GREEN box 3 tablets twice a day for 5 days • ORS solution 3 packets • 1 litre of water container • Zinc tablets 1/2 tablet for 10 days • Zinc tablets 1 tablet for 10 days • SAM triangles and AS+AQ and amoxicillin • NEVER give ORS or Zinc to children with SAM 3. EXPLAIN that you will be saying the <u>name of an illness</u> and the <u>age of a child</u>. 4. EXPLAIN that each group must work together to find the correct <i>Instructional Pictures</i> for <ul style="list-style-type: none"> • The <u>medicine</u> to treat illness.
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	<ul style="list-style-type: none"> The <u>dose</u> and <u>number</u> of tablets for the child's age.
	<p>5. SAY the following illnesses and ages. Allow each group time to find the correct <i>Instructional Pictures</i>. Check each to group to see if they have the correct pictures.</p> <p>7 month old child with malaria.</p> <ul style="list-style-type: none"> AS+AQ 2-11 months PINK box 1 tablet once a day for 3 days. <p>3 year old child with fast breathing and cough.</p> <ul style="list-style-type: none"> Amoxicillin 1-5 years GREEN box. 3 tablets 2 times a day for 5 days. <p>12 month child with severe diarrhoea and dehydration.</p> <ul style="list-style-type: none"> ORS solution. 1 packet mixed in 1 litre of water each day for 3 days. <p>AND</p> <ul style="list-style-type: none"> Zinc tablets 7 months to 5 years. 1 tablet each day for 10 days. <p>11 month old child with chest in-drawing.</p> <ul style="list-style-type: none"> Amoxicillin 2-11 months PINK box. 2 tablets 2 times a day for 5 days. <p>4 year old child with malaria</p> <ul style="list-style-type: none"> AS+AQ 1-5 years PURPLE box. 1 tablet once a day for 3 days. <p>6 month child with diarrhoea for 3 days and no blood in stool.</p> <ul style="list-style-type: none"> ORS solution. 1 packet mixed in 1 litre of water each day for 3 days. <p>AND</p> <ul style="list-style-type: none"> Zinc tablets 2 to 6 months. ½ tablet each day for 10 days. <p>3 year old child with SAM</p> <ul style="list-style-type: none"> AS+AQ 1-5 years PURPLE box.

	<ul style="list-style-type: none"> • 1 tablet once a day for 3 days <p>AND</p> <ul style="list-style-type: none"> • Amoxicillin 1-5 years GREEN box. • 3 tablets 2 times a day for 5 days.
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Session 3—CDD Recording Form and Key Learnings Day 4



Expected Outcomes			
It is expected that during this session the CDDs will learn how to record the correct treatment for the child's illness and age on the <i>CDD Recording Form</i> . At the end of this session, CDDs will review key learnings for Day 4 and answer questions to evaluate how the training went.			
Learning Objectives			
<p>By the end of this session, the CDDs will:</p> <ul style="list-style-type: none"> Practice recording the child's name, sex, age, illness, referral and treatments on the <i>CDD Recording Form</i>. 			
Session Activities			
Session	Activity	Time	Method
3.1	Recording Treatments on the CDD Recording Form	20 min	Practice
3.2	Key Learnings and Evaluation for Day 4	20 min	Plenary discussion
Duration of Session			
40 min			
Facilitator Tools			
<ul style="list-style-type: none"> <i>CDD Recording Form</i> Notepad to record responses to CDD evaluation questions CDD per diem <i>Daily Per Diem Receipt Form</i> 			
Preparation			
<ul style="list-style-type: none"> Confirm the date, time, and location of the clinical session. 			

3.1—Recording Treatments on the CDD Recording Form (20 min)

	<p>Facilitator Tip: If possible, bring plastic tables or a mat so that CDDs have a hard surface to write on.</p>
	<ol style="list-style-type: none"> GIVE each CDD the top 3 pages of the <i>CDD Recording Form</i>. SAY: <i>It is important to record ALL treatments given to a sick child on the CDD Recording Form.</i> SAY: <i>Do not wait until the end of the week or the month to complete the form.</i> Review each column on the <i>CDD Recording Form</i> and ask the

	<p>CDDs what needs to be recorded under each column.</p> <ol style="list-style-type: none"> 5. SHOW the CDDs the columns and pictures for recording the different <u>treatment medicines</u>. 6. EXPLAIN that if the column for <u>fever</u> is ticked the column for <u>AS+AQ</u> must also be ticked. 7. EXPLAIN that if the column for <u>fast breathing and cough</u> is ticked the column for <u>amoxicillin</u> must also be ticked. 8. EXPLAIN that if the column for <u>diarrhoea</u> is ticked the column for <u>ORS and Zinc tablets</u> must also be ticked. 9. EXPLAIN that if the column for <u>SAM</u> is ticked the column for <u>AS+AQ</u> and <u>amoxicillin</u> must also be ticked. 10. INSTRUCT the CDDs to practice putting tick marks on the CDD Recording Form in the following boxes: <ul style="list-style-type: none"> • <u>First row</u>: female—2-11 months—fever—AS+AQ • <u>Second row</u>: female—1-5 years—fast breathing—amoxicillin • <u>Third row</u>: female—2-11 months—diarrhoea—Zinc and ORS • <u>Fourth row</u>: male—1-5 years—SAM—AS+AQ and amoxicillin and referral • <u>Fifth row</u>: male—2-11 months—chest in-drawing—amoxicillin 11. Assist the CDDs as needed with the co-facilitator and ensure they press hard enough for all 3 copies to be marked clearly. 12. EXPLAIN to the CDDs that tomorrow they will practice using the same form to record all the sick child visits during the clinical session.
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3.2—Key Learnings and Evaluation for Day 4 (20 min)

	<p>Facilitator Tip: Ask the co-facilitator to record the responses to the evaluation questions for Day 4. Document the responses for the Training Report.</p>
	<ol style="list-style-type: none"> 1. Congratulate the CDDs for their participation. 2. SAY: <i>Today you have learned how to treat a sick child with malaria, pneumonia and diarrhoea and SAM.</i>

3.	SAY: <i>You have learned to give the correct medicine for the illness and the correct dose for the child's age.</i>
4.	SAY: <i>You learned how to give the caregiver instructions to treat their child using the CDD Job Aid and Caregiver Treatment Handouts.</i>
5.	SAY: <i>Let's do a quick review.</i>
6.	ASK: <i>What is the name of the medicine to treat malaria?</i> AS+AQ
7.	ASK: <i>For how many days do you give AS+AQ?</i> Once a day for 3 days
8.	ASK: <i>What is the name of the medicine to treat fast breathing and cough and chest in-drawing?</i> Amoxicillin
9.	ASK: <i>For how many days do you give amoxicillin?</i> 2 times a day for 5 days
10.	ASK: <i>What are the 2 medicines to treat diarrhoea and dehydration?</i> ORS solution and Zinc tablets
11.	ASK: <i>For how many days do you give Zinc tablets?</i> Once a day for 10 days
12.	ASK: <i>What 2 medicines must you give to children with SAM before referring them to the OTP site?</i> AS+AQ and amoxicillin
13.	ASK: <i>What medicines must NEVER be given to a child with SAM?</i> ORS and Zinc
14.	SAY the following <i>Key CDD Learnings</i> for Day 4 and invite the CDDs to repeat them aloud. <ul style="list-style-type: none"> • <i>Give the right medicine for the illness.</i> • <i>Give the right dose for the child's age.</i> • <i>Always use safe water to mix and give medicines.</i>

	<ul style="list-style-type: none"> • Give AS+AQ tablets for fever /malaria. • Give AS+AQ tablets to a child with fever and a danger sign before referring to the PHCU/C. • Give amoxicillin for fast breathing and cough. • Give amoxicillin to a child with chest in-drawing before referring to the PHCU/C. • Give ORS solution and Zinc tablets for diarrhoea and dehydration. • Give AS+AQ and amoxicillin tablets to children with SAM before referring to the OTP site. • Never give ORS and Zinc to children with SAM. • Advise the caregiver to always finish the full course of treatment.
	<p>15. ASK: <i>What did you like about the training today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p>
	<p>16. ASK: <i>What was easy to learn today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p>
	<p>17. ASK: <i>What was difficult to learn today?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p>
	<p>18. ASK: <i>Do you feel confident you can practice what you have learned in the past 4 days during the clinical session tomorrow?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p>
	<p>19. SAY: <i>Tomorrow you will practice what you have learned about assessment, classification, referral and treatment with sick children in the community.</i></p>
	<p>20. EXPLAIN how clinical session is organized and what the CDDs will be expected to do.</p>
	<p>21. Tell CDDs when to arrive on Day 5.</p>
	<p>22. Distribute the daily per diems and ask CDDs to mark the Daily Receipt Form with a thumb print.</p>
	<p>23. End Day 4.</p>

DAY 5—Clinical Session & CDD Skills Evaluation

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Facilitator Tools for Day 5



- ☐ *ICCM Training Attendance Form*
- ☐ Ink pad for thumb print
- ☐ Chairs (5)
- ☐ Tables (2)
- ☐ Mats (2)
- ☐ *Instructional Pictures* (5 sets)
- ☐ *CDD Job Aid* (1 for each CDD)
- ☐ Respiratory timers (10)
- ☐ Respiratory beads infant (1 for each CDD)
- ☐ Respiratory beads child (1 for each CDD)
- ☐ MUAC tapes (1 for each CDD)
- ☐ Referral triangles (1 set for each CDD)
- ☐ *Caregiver Treatment Handouts* for all medicines and doses (1 set for each CDD)
- ☐ Treatment medicines:
 - ☐ AS+AQ tablets pink and purple box (20 blisters of each)
 - ☐ Amoxicillin tablets pink and green box (20 blisters each)
 - ☐ ORS packets (60 sachets)
 - ☐ Zinc tablets green box (20 blisters)
- ☐ Cups (5-6)
- ☐ Safe drinking water (10 litres)
- ☐ 1 litre Jerry cans (20)
- ☐ Rubbish bag (1)
- ☐ Spoons (5-6)
- ☐ Sugar (1 bag/box)
- ☐ *CDD Competency Checklist* (1 copy for each CDD)
- ☐ *CDD Recording Form* (2 pads)
- ☐ Notepad to record responses to CDD evaluation questions.
- ☐ Cash for CDD per diems
- ☐ *Daily Per Diem Receipt Form*
- ☐ *Patient Waiver Form*

Session 1—Clinical Session

Expected Outcomes

It is expected that during this session the CDDs will practice applying their newly learned skills of assessment, classification, referral and treatment with caregivers and sick children in the community. This practical application provides an opportunity for CDDs to build confidence and for the ICCM Facilitators to observe and mentor their skills. *The CDD Competency Checklist* will be used to evaluate the CDDs performing various ICCM skills to determine if the CDD will be awarded a *Certificate of Competence* on Day 6.

Learning Objectives

By the end of this session, the CDDs will:

- Apply skills learned during the previous 4 days of training.
- Practice assessing, classifying, referring and treating sick children in the community.
- Receive feedback and mentoring on their ICCM skills.

Session Activities

Session	Activity	Time	Method
1.1	Review of Modules 1—2—3—and 4	30 min	Review
1.2	Clinical Session	4-5 hours	Practical Application
1.3	Debrief Clinical Session	30 min	Plenary Discussion

Duration of Session

4 hours

Facilitator Tools



- *Training Attendance Form*
- Ink pad
- All items in the CDD Toolkit (enough for all CDDs)
- Treatment medicines
- *CDD Competency Checklist* (1 copy for each CDD)
- Notepad to record responses to CDD evaluation questions.
- Cash for CDD per diems
- *Daily Per Diem Receipt Form*
- *Patient Waiver Form*

Preparation



- Read and know the *ICCM Clinical Session Guidelines* and be prepared to explain them (see Training Resources)
- Arrange with the community and the PHCU/C to direct at least 20 sick children between the ages of 2 months and 5 years to the clinical session venue.
- Confirm date and time of clinical session with the PHCU/C and community.
- Ensure ALL of the needed medicines and *Caregiver Treatment Handouts* are available to distribute to the caregivers.

- Make copies of the *CDD Competency Checklist* –1 for each CDD (see Training Resources).

Daily Registration

	<ol style="list-style-type: none"> 1. Greet the CDDs as they arrive to the training room. 2. Provide an inkpad and instruct the CDDs complete the <i>Training Attendance Form</i> and take a seat.
	<p>Facilitator Tip: Assist CDDs who are not able to write to complete the attendance form. Ask to place their thumb print as a signature for the first day of training, if they are not able to write their signature.</p>

1.1—Review of Modules 1-2-3 and 4 (30 minutes)

	<p>Facilitator Tip: Make sure you explain the review game instructions clearly before you begin.</p>
	<ol style="list-style-type: none"> 1. SAY: <i>Before we start the clinical session, let's review what we have learned during the last 4 days of training.</i> 2. ASK: <i>What must you always ask the caregiver after you have greeted her?</i> Accept or explain the following answers: <ul style="list-style-type: none"> • Child's name • Child's age • Child's sex • What the child's problem is • How long the child has been sick 3. Divide the CDDs into 3 teams: 4. GIVE each team a complete set of ALL the <i>Instructional Pictures</i>. 5. EXPLAIN that you will be giving 3 different sick child scenarios. After each scenario the teams must find the correct pictures that show how to assess, classify, refer and treat each child. 6. SAY the <u>first</u> sick child scenario: <ul style="list-style-type: none"> • <i>5 month old infant with fast breathing and cough for 5</i>




	<p>days.</p> <ol style="list-style-type: none"> 7. INSTRUCT the teams to arrange the <i>Instructional Pictures</i> on the ground. 8. Allow each team 5 minutes to discuss and complete. 9. Review each team's pictures. Correct any misunderstandings and give positive feedback for correct pictures and those used in correct sequence. <ul style="list-style-type: none"> • Infant 2-11 months • Convulsions • Very sleepy or unable to wake • Chest in-drawing • Not able to breastfeed or drink • Vomits everything • Neck stiffness • Assess for Fever • Assess for Fast Breathing and Cough • Respiratory Timer • Respiratory beads for infant 2-11 months is RED • Assess for Diarrhoea • Skin pinch test • Sunken eyes • Assess for Severe Acute Malnutrition • MUAC tape • Pedal oedema • 2-11 months: 2 tablets from pink box (125 mg.) 2 times a day for 5 days • Give the first dose with the caregiver 10. SAY the <u>second</u> sick child scenario: <ul style="list-style-type: none"> • 3 year old child with diarrhoea and blood in stool for 14 days. 11. INSTRUCT the teams to arrange the <i>Instructional Pictures</i> on the ground.
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12. Allow each team 5 minutes to discuss and complete.
13. Review each team's pictures. Correct any misunderstandings and give positive feedback for correct pictures and those used in correct sequence.
 - Child 1-5 years
 - Convulsions
 - Very sleepy or unable to wake
 - Chest in-drawing
 - Not able to breastfeed or drink
 - Vomits everything
 - Neck stiffness
 - Assess for Fever
 - Assess for Fast Breathing and Cough
 - Respiratory timer
 - Respiratory beads child 1-5 yrs
 - Assess for Diarrhoea
 - Skin pinch test
 - Sunken eyes
 - Diarrhoea for 14 days or more
 - Diarrhoea with blood in stool
 - Assess for Severe Acute Malnutrition
 - MUAC test
 - Assess for pedal oedema
 - Yellow referral triangle and PHCU/C
 - ORS solution 1 mixed packet of ORS solution a day for 3 days.
 - Mix 1 packet of ORS with 1 litre of safe water to make solution.
 - Zinc tablets for diarrhoea 7 months to 5 years: 1 tablet every day for 10 days
 - Give the first dose with the caregiver
14. SAY the third sick child scenario:
 - **18 month child with red MUAC and pitting oedema of the feet.**

15. INSTRUCT the teams to arrange the *Instructional Pictures* on the ground.
16. Allow each team 5 minutes to discuss and complete.
17. Review each teams pictures. Correct any misunderstandings and give positive feedback for correct pictures and those used in correct sequence.



- Child 1- 5 years
- Convulsions
- Very sleepy or unable to wake
- Chest in-drawing
- Not able to breastfeed or drink
- Vomits everything
- Neck stiffness
- Assess for Fever
- Assess for Fast Breathing and Cough
- Respiratory Timer
- Respiratory Beads child 1-5 years
- Assess for Diarrhoea
- Skin pinch test
- Sunken eyes
- Assess for Severe acute malnutrition
- MUAC tape RED
- Pitting oedema in both feet
- Malnutrition referral triangle and OTP site
- AS+AQ: 1-5 years: 1 tablet from purple box every day for 3 days.
- Amoxicillin: 1-5 years: 3 tablets from green box (125 mg) 2 times a day for 5 days
- Give the first dose with the caregiver

1.2—Clinical Session (4-5 hours)

	<ol style="list-style-type: none"> 1. EXPLAIN the <i>Clinical Session Guidelines</i> to the CDDs. (see Trainer Resources). 2. Ask if there are any questions. 3. Confirm that the CDDs understand the process for the clinical session.
	<ol style="list-style-type: none"> 4. EXPLAIN the clinical session process to the caregivers. 5. Triage the sick children and select the sicker children to be assessed first. 6. INSTRUCT the first CDD to call the first caregiver to begin the clinical session. 7. Observe CDDs and mark their skill level on the <i>CDD Competency Checklist</i>. 8. INSTRUCT the CDDs to use the same <i>CDD Recording Form</i> to record each sick child.
	<p>Facilitator Tips:</p> <ul style="list-style-type: none"> • Complete the <i>CDD Competency Checklist</i> for each CDD. • COACH and MENTOR each CDD during the clinical session. • Use each sick child assessment as a teaching moment for the other CDDs. • Ensure each CDD does a complete assessment on each child: all danger signs, fever, fast breathing and SAM, and uses the <i>CDD Job Aid</i>. • Ensure the other CDDs observe the CDD doing the assessment. • Instruct all CDDs to use their respiratory beads to count the breaths during each assessment for fast breathing. • Count the breaths to confirm the CDDs have correctly counted the number of breaths. • Ensure the correct treatment is given to each child. • Ensure the correct referral and/or home-based treatment information is given to the caregiver. • Ensure the same <i>CDD Recording Form</i> is at the end of each assessment and the CDD correctly records each sick child on the next row.

LUNCH

1.3—Debrief Clinical Session (30 min)

	Facilitator Tip: Ask the co-facilitator to record the responses to the evaluation questions for Day 5. Document the responses for the Training Report.
	<ol style="list-style-type: none"> 1. GIVE each CDD feedback on their ICCM skills using the <i>CDD Competency Checklist</i>. 2. Congratulate the CDDs for their participation in the clinical session. 3. ASK: <i>What did you like about the clinical session?</i> Accept all reasonable answers. Ask co-facilitator to record feedback. 4. ASK: <i>What was most challenging about the clinical session?</i> Accept all reasonable answers. Ask co-facilitator to record feedback 5. ASK: <i>Was the clinical session well organized?</i> Accept all reasonable answers. Ask co-facilitator to record feedback 6. ASK: <i>How can the clinical session be better or improved?</i> Accept all reasonable answers. Ask co-facilitator to record feedback 7. ASK: <i>What do you need more practice doing?</i> Accept all reasonable answers. Ask co-facilitator to record feedback 8. Congratulate the CDDs for their participation in the clinical session and CDD Assessment. 9. SAY: <i>Tomorrow you will learn and practice giving caregiver health messages.</i> 10. SAY: <i>Tomorrow you will learn how to store and manage the</i>

	<p><i>medicines and the items in the CDD Toolkit.</i></p> <ol style="list-style-type: none"> 11. SAY: <i>Tomorrow we will also have a closing ceremony and will be giving you your certificates.</i> 12. EXPLAIN to the CDDs that they can invite family, friends and neighbors to attend the closing ceremony 13. SAY: <i>Only CDDs that have attended the entire training and have successfully achieved the ICCM skills will get a Certificate of Competence.</i> 14. SAY: <i>Those who have not attended the entire training and did not achieve all of the ICCM skills today will receive a Certificate of Attendance and can attend refresher training at a later date.</i> 15. EXPLAIN that only CDDs that receive a <i>Certificate of Competence</i> will receive the items in the <i>CDD Toolkit</i> and the treatment medicines and will be asked to sign the <i>CDD Community Service Agreement</i>. 16. Review the planned agenda for Day 6. 17. Tell CDDs when to arrive on Day 6. 18. Distribute the daily per diems and ask CDDs to mark the <i>Daily Receipt Form</i> with a thumb print. 19. End Day 5
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Session 2—CDD Skills Evaluation (optional)

Expected Outcomes

This is an optional session that can be used to evaluate the CDDs ICCM skills in the event a clinical session is not possible; or if there are not enough sick children for all CDDs to assess. During this session CDDs will be assessed on their ICCM knowledge comprehension and skills. CDDs will be asked to answer questions, demonstrate skills, and role play giving the caregiver advice using scenarios from the *CDD Skills Evaluation Tool*. The *CDD Competency Checklist* is used to evaluate the CDDs during the skill evaluation.

Session Activities

Session	Activity	Time	Method
2.1	CDD A Skills Evaluation	2-4 hours	Interactive skill evaluation

Duration of Session

2 to 4 hours

Facilitator Tools

- *CDD Job Aid*
- Respiratory Timer
- Respiratory Beads
- MUAC tape
- Referral Triangles
- All Treatment Medicines (enough for 20 children)
- *CDD Competency Checklist* (1 copy for each CDD)
- *CDD Skills Evaluation Tool and Answer Key*



Preparation

- Review the *CDD Skills Evaluation Tool and Answer Key* (see Training Resources)

2.1—CDD Skills Evaluation (2-4 hours)




1. EXPLAIN the purpose of the CDD Skills Evaluation.
2. SAY the following guidelines for the CDD Skills Evaluation.
 - ***CDDs will be divided into 2 groups with 1 Facilitator.***
 - ***The facilitator will call out your name.***
 - ***You will be asked several questions about a different sick child scenario.***
 - ***You may use the Instructional Pictures and items from the***

	<p><i>CDD Toolkit to answer.</i></p> <ul style="list-style-type: none"> <i>You will be asked to demonstrate how to assess a sick child.</i> <i>You will be asked to show how to give the caregiver instructions about referral and treatments.</i> <i>The facilitators will use a CDD Skill Checklist to evaluate how well you do.</i> <p>3. Ask if there are any questions.</p> <p>4. Confirm CDDs understand the process for the CDD Skills Evaluation.</p>
	<p>5. Call the first CDD to be evaluated.</p> <p>6. Decide which of the 4 scenarios to use from the <i>CDD Skills Evaluation Tool.</i></p> <p>7. Observe the CDDs and mark their skill level on the <i>CDD Competency Checklist.</i></p>
	<p>Facilitator Tips:</p> <ul style="list-style-type: none"> Complete the <i>CDD Competency Checklist</i> for each CDD. Use the <i>CDD Skills Evaluation Answer Key</i> in the Facilitator Resources to COACH and MENTOR each CDD during the skills evaluation. Use each scenario as a teaching moment for the other CDDs. Ensure the CDD does a complete assessment for all danger signs, fever, fast breathing and SAM. Ensure the correct treatment is given. Ensure the correct referral and/or home-based treatment information is given.

DAY 6—Health Messages & Record Keeping

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3.2—Community Sensitization (30 min).....	172
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3.4—Closing Ceremony (30 min).....	174
3.5—Community Service Agreement Signing & Distribution of CDD Toolkit (45 min)....	175

Facilitator Tools for Day 6

	<ul style="list-style-type: none"> <input type="checkbox"/> <i>ICCM Training Attendance Form</i> <input type="checkbox"/> Ink pad for thumb print <input type="checkbox"/> <i>CDD Job Aid</i> <input type="checkbox"/> <i>Instructional Pictures:</i> <ul style="list-style-type: none"> • Sleep under bed net • Breastfeed • Nutritious foods • Wash hands • Boil Water • Use latrine • Immunize children <input type="checkbox"/> <i>CDD Recording Form (1 pad)</i> <input type="checkbox"/> <i>Certificates of Competence (completed with CDD name, signed and dated)</i> <input type="checkbox"/> <i>Certificates of Attendance (completed with CDD name, signed and dated)</i> <input type="checkbox"/> Complete <i>CDD Toolkit</i> for each CDD receiving a <i>Certificate of Competence</i> including medicines and medicine box <input type="checkbox"/> <i>CDD Code of Conduct</i> <input type="checkbox"/> <i>CDD Community Service Agreement</i> for each CDD receiving a <i>Certificate of Competence</i> <input type="checkbox"/> Notepad to record responses to CDD evaluation questions. <input type="checkbox"/> CDD per diems <input type="checkbox"/> <i>Daily Per Diem Receipt Form</i>
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Session 1—Health Messaging

Expected Outcomes

It is expected that during this session the CDDs will learn how to follow up with the caregiver after a sick child visit to see if the child has improved. CDDs will also learn how to communicate health messages to caregivers and others in the community.

Learning Objectives

By the end of this session, the CDDs will:

- Know the importance of following up a sick child visit within 3 days.
- Give health promotion and disease prevention messages to members of the community.

Session Activities

Session	Activity	Time	Method
1.1	Following up After a Sick Child Visit	15 min	Plenary discussion
1.2	Communicating Health Messages	45 min	Plenary and role play

Duration of Session

1 hour



Facilitator Tools

- *Training Attendance Form*
- Ink pad
- *CDD Job Aid*
- *Instructional Pictures of Health Messages*

Preparation

- Read all of the *Caregiver Advice and Health Messages* (see Facilitator Resources).
- Read all of the dialogue questions and answers on the caregiver messages of the *CDD Job Aid*.

Daily Registration

	<ol style="list-style-type: none"> 1. Greet the CDDs as they arrive to the training room. 2. Provide an inkpad and instruct the CDDs complete the <i>Training Attendance Form</i> and take a seat.
	<p>Facilitator Tip: Assist CDDs who are not able to write to complete the attendance form. Ask to place their thumb print as a signature for the first day of training, if they are not able to write their signature.</p>


1.1—Following-up After a Sick Child Visit (15 min)





1. Welcome CDDs to the last day of ICCM Training.
2. EXPLAIN what topics will be covered today and the logistics for the closing ceremony.
 - Following up after a sick child visit
 - Health messages
 - Review of the *CDD Recording Form*
 - Storage and tracking of medicines and supplies
 - Action planning and expectations after training
 - Closing Ceremony
 - Signing of *CDD Community Service Agreement* and distribution of the *CDD Toolkit*
3. ASK: ***When should you follow up a sick child visit?***
 Accept or explain the following answers:
 - In 2 to 3 days.
 - Not later than 3 days.
4. ASK: ***Why is it important to do a follow up visit?***
 Accept or explain the following answers:
 - To see if the child is better.
 - To refer children who are not better.
 - To see if the child who was referred to the PHCU/C or OTP site actually went to the facility and is better.
 - To see if the caregiver is giving the medication correctly.
 - To see if the child is swallowing the medicine.
 - To ensure the caregiver understands to give the child the full course of medicine.
 - To see if the child is eating and drinking.
 - To show the caregiver the role of the CDD is to provide community health support.
 - To communicate health messages.

	<p>5. ASK: <i>What information should you ask the caregiver about the child?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • How is the child feeling? • Is the child better? • Is the child swallowing the medicine? • How many tablets have you given the child? • How many tablets do you have remaining? • When are you giving the medicine? • Do you have any questions about the child's illness? <p>6. ASK: <i>What should you do if the child is not improved?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Refer to the PHCU/C <p>7. ASK: <i>Is there any other information you can share with the caregiver during a follow up visit?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Health messages. • Prevention of future illness. • What to do if the child gets sick again.
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1.2—Communicating Health Messages (45 min)

	<p>1. SAY: <i>It is important to teach caregivers about preventing future illness and keeping their families healthy.</i></p> <p>2. ASK: <i>What are some of the health messages you have learned in this training?</i></p> <p>Accept all correct health messages.</p> <p>3. SAY: There are 7 health messages in the <i>CDD Job Aid</i> that can be used to communicate health messages to caregivers.</p> <p>4. SHOW the <i>Instructional Pictures</i> for each message.</p> <ul style="list-style-type: none"> • <i>Sleep under bed net</i> • <i>Breastfeed for 2 years</i>
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	<ul style="list-style-type: none"> • <i>Eat a variety of nutritious foods</i> • <i>Wash hands with soap and water or ash</i> • <i>Boil Water for 1 minute</i> • <i>Use latrine</i> • <i>Immunize children</i> <p>5. INSTRUCT the CDDs to find them in the <i>CDD Job Aid</i>.</p> <p>6. ASK: <i>How will you know which health message to share?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Prevention of the child's current illness. For example: • If the child has fever and malaria talk about sleeping under LLIN mosquito nets every night. • If the child has diarrhoea talk about hand washing, using a pit latrine and drinking safe water. • If the child is less than 1 year talk about breastfeeding.
	<p>7. EXPLAIN that on the back of each health message picture in the <i>CDD Job Aid</i> are questions and answers the CDDs can use to begin the dialogue and communicate the health message.</p> <p>8. EXPLAIN to the CDDs that they must begin by asking the caregiver what they see in the picture.</p> <p>9. EXPLAIN to the CDD that they must next ask the caregiver why what they see is important and begin a dialogue with the caregiver.</p> <p>10. SAY: <i>Congratulate the caregiver if the caregiver is doing what is in the picture and reinforce the health message.</i></p> <p>11. EXPLAIN to the CDDs that if the caregiver is not doing what is in the picture they must teach the caregiver how to do it and why.</p> <p>12. SHOW how to communicate <u>each</u> health message in the <i>CDD Job Aid</i> to the caregiver by role playing with the co-facilitator.</p>
	<p>13. EXPLAIN to the CDDs that you will be giving them 3 health messages from the <i>CDD Job Aid</i> to role play giving the caregivers the health messages.</p> <p>14. DIVIDE the CDDs into 6 groups.</p> <p>15. GIVE each group 3 different health messages to role play.</p>


	<p>16. INSTRUCT the CDDs to use the <i>CDD Job Aid</i> during the role play.</p> <p>17. Allow 10 minutes to practice.</p> <p>18. INVITE 2 groups to demonstrate their role play in front of the plenary.</p>
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Session 2—Record Keeping and Managing Supplies

Expected Outcomes			
CDDs will have another opportunity to practice writing and recording in the <i>CDD Recording Form</i> . CDDs will also get information about storage of medicines and supplies as well as how medicines and supplies will be counted and restocked during the support supervision visits.			
Learning Objectives			
<p>By the end of this session, the CDDs will:</p> <ul style="list-style-type: none"> Know how to correctly record each sick child visit on the <i>CDD Recording Form</i>. Understand the importance of safe storage of the medicine box. Know how medicines will be accounted for and re-stocked. 			
Session Activities			
Session	Activity	Time	Method
2.1	Recording on the CDD Recording Form	30 min	Plenary and practice
2.2	Storage of Medicines and CDD Supply Stock.	15 min	Plenary
Duration of Session			
45 minutes			
Facilitator Tools			
<ul style="list-style-type: none"> <i>CDD Recording Form</i> 			
Preparation			
<ul style="list-style-type: none"> Make sure each CDD has a pen to write on the <i>CDD Recording Form</i>. Arrange for plastic tables or mats so the CDDs have a hard surface to write on. 			


2.1—Recording on the CDD Recording Form Review (30 min)

	<p>Facilitator Tip: If possible, bring plastic tables or a mat so that CDDs have a hard surface to write on.</p>
	<ol style="list-style-type: none"> ASK: <i>What must you do after every sick child visit?</i> Complete the CDD Recording Form. SAY: <i>After you have given the child medicine you must wait 30 minutes to be sure the child does not vomit the medicine.</i> SAY: <i>Complete the CDD Recording Form while you are waiting.</i>

	<ol style="list-style-type: none"> 4. GIVE each CDD a 3-ply page from the <i>CDD Recording Form</i>. 5. INVITE a CDD to explain each section of the <i>CDD Recording Form</i>. Ensure the CDD explains the following: <ul style="list-style-type: none"> • The top section contains general information. The CDD Supervisor will help CDDs complete this section. • The <i>CDD Recording Form</i> is divided into the sections that need to be completed • Child's name • Child's age—2 to 11 months and 1 to 5 years • Child's sex—male or female • Child's Illness—danger signs, fever, fast breathing, diarrhoea and SAM • Treatment given—AS+AQ, amoxicillin, Zinc, ORS • Referral—PHCU and OTP are the same 6. EXPLAIN to the CDDs that if they are not able to write the child's name they can ask the caregiver or a member in the community who can write to help them.
	<ol style="list-style-type: none"> 7. EXPLAIN that the CDDs will practice once again recording information on the <i>CDD Recording Form</i>. 8. DIVIDE the CDDs to work in pairs. 9. EXPLAIN that you are going to give them information on a few sick children and they must work together to record the information on the form. 10. READ the following information slowly and allow the CDDs to work together to complete the form. <ul style="list-style-type: none"> • Mary is an 18 month girl. • Mary has watery diarrhoea for 3 days. • Mary is given ORS and Zinc. • Mary's caregiver is given information to treat her at home. 11. Confirm other CDDs completed the form correctly. Provide positive feedback for completing the form correctly and gently correct any errors.

	<p>12. SAY: <i>Be sure to use the next row for the next sick child.</i></p> <p>13. READ the second sick child information slowly and allow the CDDs to work together to complete the form.</p> <ul style="list-style-type: none"> • Peter is a 10 month old boy. • Peter has cough and fast breathing and chest in-drawing. • Peter is referred to the PHCU/C for danger sign. • Peter is given amoxicillin. <p>14. Confirm other CDDs completed the form correctly. Provide positive feedback for completing the form correctly and gently correct any errors.</p> <p>15. Ensure CDDs are writing in the correct rows and columns and are pressing hard enough for all 3 copies to be marked.</p> <p>16. SAY: <i>Be sure to use the next row for the next sick child.</i></p> <p>17. READ the second sick child information slowly and allow the CDD pairs to work together to complete the form.</p> <ul style="list-style-type: none"> • Bol is a 4 year old boy. • Bol has SAM. • Bol is referred to the OTP site. • Bol was given AS+AQ and amoxicillin. <p>18. Confirm other CDDs completed the form correctly. Provide positive feedback for completing the form correctly and gently correct any errors.</p>
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2.2—Storage of Medicines and CDD Supply Stock (15 min)

	<p>1. SAY: <i>Only CDDs who receive a Certificate of Competence will receive a 1 month supply of each medicine.</i></p> <p>2. SAY: <i>All medicines given to you should be stored in a Medicine Box.</i></p> <p>3. SAY: <i>If you do not have a medicine box, you will receive one today.</i></p> <p>4. EXPLAIN that along with the medicine box the CDDs will get padlock and key in order to keep the box locked.</p>
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	<p>5. ASK: <i>Why do you want to keep the medicine box locked?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • To keep medicines out of the reach of children. • To keep medicines out of the reach of animals. <p>6. SAY: <i>The box must be kept inside in dry place. It should NOT get wet when it rains. It should NOT be in the sun.</i></p> <p>7. SAY: <i>The medicines will not work as well if they are not stored properly.</i></p> <p>8. SAY: <i>When your CDD Supervisor visits you they will check the CDD Recording Form to see how many sick children you have treated and count how many medicines you have given.</i></p> <p>9. SAY: <i>The CDD Supervisor will ask to see how many medicines you have left in the medicine box and will compare it to the CDD Recording Form.</i></p> <p>10. SAY: <i>The CDD Supervisor will replace medicines you have given.</i></p> <p>11. SAY: <i>The CDD Supervisor will check the expiry day of each medicine and replace any which have expired.</i></p> <p>12. SAY: <i>The CDD Supervisor will provide any needed additional supplies of referral triangles or caregiver treatment cards.</i></p>
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Tea Break

Session 3—Action Planning and Closing Ceremony

Expected Outcomes

It is expected that during this session CDDs will work together to plan how ICCM will be introduced into their communities. CDDs will learn the purpose and frequency of the support supervision visits and what to expect from their supervisor during each visit.

CDDs who have successfully attended all 6 days of ICCM training and who received less than 10 “NOT Good” on the *CDD Competency Checklist* will be awarded a *Certificate of Competence* during the closing ceremony and will be asked to sign the *CDD Community Service Agreement*. These CDDs will also receive a *CDD Toolkit* and a Medicine Storage Box with 1 month supply of ICCM medicines.

CDDs who did NOT attend all 6 days of training or who received 10 or more “NOT Good” on the *CDD Competency Checklist* will be awarded a *Certificate of Attendance* during the closing ceremony. These CDDs will not receive ICCM medicines at this time and will be invited to attend refresher training at a later date.

CDDs will receive only ONE certificate.

Learning Objectives

By the end of this session, the CDDs will:

- Discuss ways to sensitize the community to ICCM and the role of the CDD.
- Know what to expect during the support supervision visits.
- Receive either a *Certificate of Competence* OR a *Certificate of Attendance*.
- Sign the *CDD Community Service Agreement*.
- Receive all the items in the *CDD Toolkit*.

Session Activities

Session	Activity	Time	Method
3.1	CDD Supervisor Visits	15 min	Plenary
3.2	Community Sensitization	30 min	Small Group Discussion
3.3	Key CDD Learnings and Evaluation Day 6	10 min	Plenary
3.4	Closing Ceremony	30 min	Plenary and award of certificates
3.5	Community Service Agreement Signing and Distribution of CDD Toolkit	45 min	Plenary

Duration of Session

2 hours and 10 minutes

Facilitator Tools

- *Certificate of Competence*
- *Certificate of Attendance*
- *CDD Code of Conduct*
- *CDD Community Service Agreement*
- Complete *CDD Toolkit* with medicines and Medicine Box

Preparation

- Determine which CDDs will receive a *Certificate of Competence* based on the results of their *CDD Competency Checklist* and full attendance to all the training.
- Print and complete the *Certificates of Competence* with the CDDs name, the date of training and the signature of the representative from Malaria Consortium.
- Print and complete the *Certificates of Attendance* with the CDDs name, the date of training and the signatures for those CDDs who did not attend all of the training or who did not meet the guidelines for the *CDD Competency Checklist*
- Ensure that each *CDD Toolkit* is complete and that the correct number of each medicine is included. (see Training Resources for a list of items).
- Check the expiry dates on all medicines.
- Make a copy of the *CDD Community Service Agreement* for each CDD that will receive a *Certificate of Competence* (see Training Resources).
- Ensure the village leaders and members of the PHCU/C and OTP site have been invited to the closing ceremony.
- Ensure the CDDs have invited members of their family and neighbors to attend the closing ceremony.


3.1—CDD Supervisor Visits (15 min)



1. SAY: ***Your CDD Supervisor will visit you twice a month.***
2. EXPLAIN there are 2 types of supervision visits.
 - One is an individual visit with each CDD.
 - The other is a group visit with several CDDs in a common place such as the PHCU/C.
3. ASK: ***What is the purpose of having a CDD Supervisor visit CDDs?***
 Accept or explain the following answers:
 - To encourage the CDDs.
 - To supply the CDDs with new medicine stock and supplies.
 - To identify and solve problems.
 - To make sure that the quality of ICCM is acceptable.
 - To gather important information for the programme.
 - To strengthen the link between the community and the PHCU/C.
 - To update CDDs on new information.
 - To refresh CDDs on ICCM knowledge or skills.
 - To help orient and sensitize the community about ICCM.



	<p>4. ASK: <i>Why is supervision important?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • To make sure the CCDs are meeting their responsibilities. • To reinforce what was learned during ICCM training. • To provide support. • To give praise for good work. <p>5. ASK: <i>What are good qualities in a supervisor?</i></p> <p>Accept or explain the following answers:</p> <ul style="list-style-type: none"> • Polite • Respectful • Helpful • Encouraging • Approachable • Able to give good direction and guidance • Careful • Reliable and punctual • Supportive <p>6. SAY: <i>Your first support supervision visit will be in a few weeks. Your CDD supervisor let you know when.</i></p>
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3.2—Community Sensitization (30 min)

	<ol style="list-style-type: none"> 1. Review the CDD roles and responsibilities and <i>Code of Conduct</i>. 2. DIVIDE CDDs into 4 groups. 3. INSTRUCT each group to discuss the way forward or next steps to begin their responsibilities as a CDD. 4. Allow 20 minutes for discussion. 5. INVITE each group to present a summary of their discussion. <p>Accept the following information:</p> <ul style="list-style-type: none"> • Report back to village leaders on their ICCM training. • Orient and sensitize the community about ICCM.
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	<ul style="list-style-type: none"> • Start ICCM service in their community. • Get ready for receiving supervision visits. • Keep medicine box locked and store the medicines indoors in a dry place. • Complete <i>CDD Recording Form</i> and give to their supervisor during supervisor visits.
6.	SAY: <i>During the closing Ceremony each CDD will be asked to share what you learned during the ICCM training and what you plan to do for the community as a CDD.</i>

3.3—CDD Key Learnings and Evaluation for Day 6 (10 min)

	Facilitator Tip: Ask the co-facilitator to record the responses to the evaluation questions for Day 1. Document the responses for the Training Report.
	<ol style="list-style-type: none"> 1. Ask the CDDs if they have any questions about what they learned today. 2. SAY the following <i>Key CDD Learnings</i> for Day 6 and invite the CDDs to repeat them aloud. <ul style="list-style-type: none"> • <i>CDDs can help improve the health of the community.</i> • <i>The aim of ICCM is to recognize and treat sick children as soon as possible.</i> • <i>Follow up in 3 days after each sick child visit.</i> • <i>Teach caregivers about preventing future illness and keeping their families healthy.</i> • <i>Complete the CDD Recording Form after each sick child visit.</i> • <i>Safely store all medicines in a dry place outside of the sun.</i> • <i>CDD Supervisors provide support, help solve problems and restock supplies.</i> 3. ASK: <i>What did you like most about the ICCM training? Why?</i> Accept answers and ask co-facilitator to record feedback. 4. ASK: <i>What was the most important thing you have learned in the last 6 days?</i> Accept answers and ask co-facilitator to record feedback.



	<p>5. ASK: <i>What do you need to practice more with your CDD Supervisor?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p> <p>6. ASK: <i>Do you have any recommendations for improvement of the ICCM training?</i></p> <p>Accept answers and ask co-facilitator to record feedback.</p> <p>7. EXPLAIN that during the closing ceremony you will be awarding 2 different certificates.</p> <p>8. EXPLAIN that CDDs who have successfully attended all 6 days of ICCM training and accomplished most of the skills during the clinical session (or CDD Skills Evaluation) will be awarded a <i>Certificate of Competence</i>.</p> <p>9. EXPLAIN that these CDDs will receive a <i>CDD Toolkit</i> and 1 month supply of ICCM medicines. These CDDs will also be asked to sign the <i>Community Service Agreement</i>.</p> <p>10. EXPLAIN that CDDs who did NOT attend all 6 days of training or did not accomplish most of the skills during the clinical session (or CDD Skills Evaluation) will be awarded a <i>Certificate of Attendance</i>.</p> <p>11. EXPLAIN that these CDDs will not receive ICCM medicines at this time and will be invited to attend refresher training at a later date.</p> <p>12. Distribute the daily per diems and ask CDDs to mark the <i>Daily Receipt Form</i> with a thumb print.</p>
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3.4—Closing Ceremony (30 min)

	<ol style="list-style-type: none"> 1. Welcome everyone to the closing ceremony. 2. SAY a few words about: <ul style="list-style-type: none"> • The ICCM Programme. • The role of the CDD in the community. • What the CDDs have accomplished during ICCM training. 3. Introduce the representatives from the PHCU/C and OTP site and invite them to say a few words about the importance of ICCM in the community. 4. Introduce the local village authority to say a few words about the
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	<p>importance of ICCM CDDs in the community.</p> <ol style="list-style-type: none"> 5. Congratulate the CDDs for their hard work and achievement. 6. Call out each CDDs name one by one and award certificates with the village leader. 7. Ask the CDDs to say 1 thing they learned from ICCM that they will use to help the community when they come up to receive their certificate. 8. Invite the local village authority to officially close the training.
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3.5—Community Service Agreement Signing and Distribution of CDD Toolkit (45 min)

	<p>Facilitator Tip: Only CDDs who received a <i>Certificate of Competence</i> need to attend this session. Thank the CDDs that received a <i>Certificate of Attendance</i> and give them their final per diem.</p>
	<ol style="list-style-type: none"> 1. READ and EXPLAIN the <i>CDD Code of Conduct</i>. 2. READ and EXPLAIN the <i>CDD Community Service Agreement</i>. 3. Answer any questions CDDs may have. 4. INVITE all CDDs who received a <i>Certificate of Competence</i> to sign with a thumbprint the <i>CDD Community Service Agreement</i> 5. Review the contents of the <i>CDD Toolkit</i> by asking the CDDs what the purpose of each item in to toolkit is for. <ul style="list-style-type: none"> • CDD Job Aid—a picture guide to help the CDD remember the steps of assessment, classification, referral and treatment of a child with danger signs, malaria, pneumonia, diarrhoea, and SAM. Contains pictures and health messages to the caregiver. • Respiratory Timer—to time the number of breaths a child takes in 1 minute. • Respiratory Beads (infant and toddler)—to help count the number of breaths a child takes in 1 minute. • MUAC (middle-upper arm circumference) tape—to measure the child's left upper arm to decide if the child has severe acute malnutrition or SAM. • Referral Triangles—given to the caregiver when children are referred to the PHCU/C or OTP site. The red triangle is for

	<p>immediate referral for danger signs. The yellow triangle is for referral of severe illness. The malnutrition triangle is for immediate referral to an OTP Site</p> <ul style="list-style-type: none"> • ICCM Treatment Medications—given only to CDDs who receive a <i>Certificate of Competence</i> at the end of training. They include: <ul style="list-style-type: none"> AS+AQ for treatment of malaria. 2-11 month and 1-5 years. Amoxicillin for the treatment of pneumonia. 2-11 month and 1-5 years. ORS packets for the treatment of dehydration from diarrhoea. Zinc tablets for the treatment of diarrhoea. 2-6 months and 7 months to 5 years. • Treatment Handouts—given to the caregiver to explain how to give the child's medicine treatment. There is 1 handout for each medicine and dose. • Jerry Cans—used to store 1 litre of safe water to use to mix medicines and ORS solution • Cups and Spoons—given to crush and mix the medicine tablets. • CDD Recording Form—used to record all sick children seen and the treatments given. • Medicine Box—for safely storing all medicines and tools to keep them dry and away from children and animals <ol style="list-style-type: none"> 6. Distribute the <i>CDD Toolkit</i> to each CDD. 7. GIVE only new CDDs a medicine box and lock. 8. Thank them for their participation in the ICCM Programme. 9. End Day 6.
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Technical Resources

Classification and Referral Algorithm

Assessment	Classification	Referral	Treatment and Advice
Ask, look and feel for Danger Signs : 1. Convulsions 2. Very sleepy / not able to wake 3. Chest in-drawing 4. Vomiting everything 5. Not able to drink or breastfeed 6. Neck stiffness	If 1 or more danger signs is present classify as a danger sign	Give RED triangle and refer immediately to PHCU/C	Give pre-referral treatment as indicated below if child is able to swallow.
Ask, look and feel for signs of Fever	If present <u>with 1 or more danger sign</u> classify as severe malaria	Give RED triangle and refer immediately to PHCU/C	Treat with AS +AQ . Give first dose before referral.
	If present for <u>7 days or more</u> classify as severe malaria	Give YELLOW triangle and refer to PHCU/C	Treat with AS +AQ . Give first dose before referral.
	If present for <u>less than 7 days</u> classify as uncomplicated malaria	Do not refer	Treat with AS +AQ . Give first dose DOT. Counsel caregiver on home treatment.
Ask, look and feel for signs of Fast Breathing and Cough	If present with <u>chest in-drawing</u> classify as severe pneumonia	Give RED triangle and refer immediately to PHCU/C	Treat with amoxicillin . Give first dose before referral.
	2-11 months: 50 or more breaths per minute classify as pneumonia	Do not refer	Treat with amoxicillin . Give first dose DOT.
	1-5 years: 40 or more breaths per minute classify as pneumonia		Counsel caregiver on home treatment.
	If cough is present without fast breathing or difficulty breathing classify as common cold	Do not refer	Do not treat. Advice caregiver to continue breastfeeding or give a child plenty of water and other fluids.

Assessment	Classification	Referral	Treatment and Advice
Ask, look and feel for signs of Diarrhoea and Dehydration	If present <u>with 1 or more danger signs or with severe dehydration</u> classify as severe diarrhoea	Give RED triangle and refer immediately to PHCU/C	Treat with ORS solution . Advice caregiver to give prepared solution on the way to referral site.
	If 3 or more watery stools a day <u>for 14 days or more</u> , classify as severe diarrhoea	Give YELLOW triangle and refer to PHCU/C	Treat with ORS and Zinc . Advice caregiver to give prepared solution on the way to referral site.
	If <u>bloody diarrhoea</u> is present classify as severe diarrhoea		Advice caregiver to continue breastfeeding or give a child plenty of water and other fluids.
	If 3 or more watery stools a day for <u>less than 14 days</u> classify as moderate diarrhoea	Do not refer	Treat with ORS and Zinc . Give first dose Zinc and prepared ORS solution DOT. Advice caregiver to continue breastfeeding or give a child plenty of water and other fluids. Counsel caregiver on home treatment.
Ask, look and feel for signs of Severe Acute Malnutrition(SAM)	If MUAC tape reading is RED (less than 115 mm or 11.5 cm) classify as SAM	Give MALNUTRITION triangle and refer to OTP site	Give pre-referral treatment for malaria and pneumonia with AS+AQ and amoxicillin .
	If pitting oedema is present in both feet classify as SAM		Do NOT give ORS or Zinc tablets even if diarrhoea is present. Advice caregiver to inform the provider at the OTP site about medicines given.

CDD Referral Guidelines

CDDs must refer the following people to the nearest PHCU/C:

- Any sick child with one or more danger signs.
- Any child classified with severe illness.
- A child with cough for more than 3 weeks or living with a family member who has a history of TB.
- A child who gets worse while taking treatment given by the CDD.
- A child who does not improve after full treatment given by the CDD.
- A child who gets worse or does not improve despite treatment given by the CDD.
- A child brought to a CDD without symptoms and signs of fever (malaria), pneumonia, diarrhoea or SAM.
- All sick children younger than 2 months.
- All sick children older than 5 years.
- All sick adults.

Treatment Algorithms

Medication	Age	Dose	Frequency	Duration
AS+AQ	2 to 11 months	1 tablet (25 / 67.5 mg)	Once daily	3 days
	1 to 5 years	1 tablet (50 / 135 mg)	Once daily	3 days
Amoxicillin	2 to 11 months	2 tablets (250 mg)	Twice a day	5 days
	1 to 5 years	3 tablets (375 mg)	Twice a day	5 days
ORS	2 to 11 months	1 litre prepared solution	Frequent sips as tolerated until finished	3 days
	1 to 5 years	1 litre prepared solution	Frequent sips as tolerated until finished	3 days
Zinc	2 to 6 months	½ tablet (10 mg)	Once daily	10 days
	7 months to 5 years	1 tablet (20 mg)	Once daily	10 days

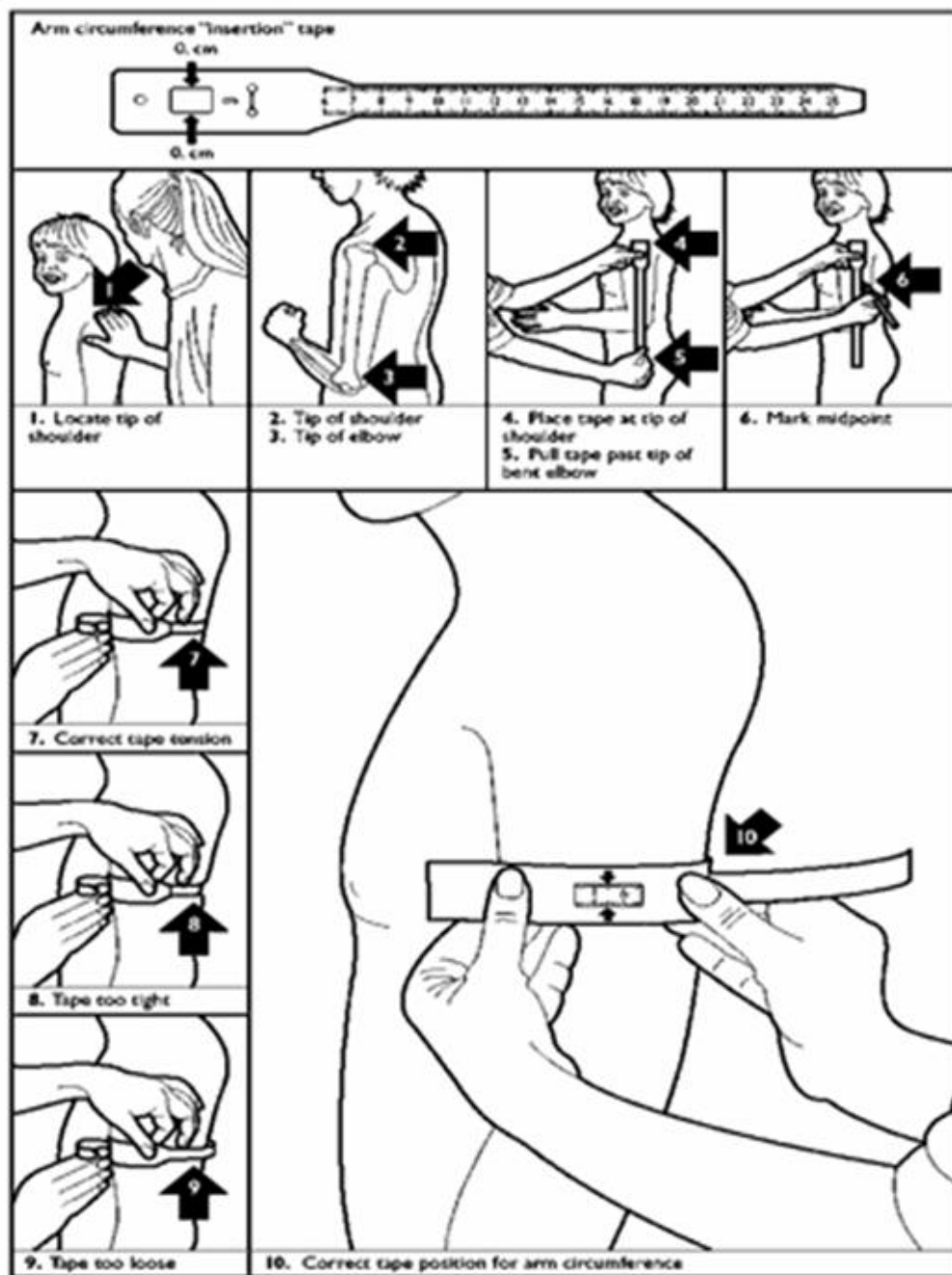
Instructions for Using Respiratory Timer and Beads

1. Confirm the age of the child.
2. Select the correct size of respiratory beads.
 - If the child is aged 2-11 months, use the set with small beads. (49 colour beads and 10 RED beads).
 - If the child is aged 1-5 years, use the set with large beads (39 colour beads and 11 RED beads)
3. Explain to the caregiver that you would like to check how fast the child is breathing.
 - The child must be calm when you watch the child's breathing. If the child starts to cry or becomes upset, ask the caregiver to calm the child and wait for the child to be calm before counting.
4. Ask the caregiver to lift the child's shirt so that the bare chest is visible and position the child in a reclining position on her lap.
5. Sit where you can see the lower part of the child's chest and can see breathing movement.
6. Put the beads on your lap and place your hand on the first bead.
7. Look for the breathing movement on the child's chest or belly.
8. Count 1 breath every time the child's chest goes out (expands).
- 9. Before starting the timer, count 4 to 5 breaths.**
10. START the respiratory timer. At the same time, watch the child's breathing movements.
11. Each time the child's chest goes out (expands), move your hand from 1 bead to the next.
12. Look only at the child's chest. Do NOT look at the beads or the timer.
13. Continue until you hear the timer beep 2 times.
14. When the timer beeps 2 times, STOP and look at the colour of the bead you are holding.
15. Repeat to get a second measurement.
16. Record the breathing rate as:

- Normal Breathing—if you are holding a coloured bead at the end of each reading.
 - Fast Breathing—if you are holding a RED bead at the end of each reading.
17. If you are holding a coloured bead at the end of the first reading and a RED bead at the end of the second reading, count the breaths again until the both readings are the same colour bead.

Instructions for Using MUAC Tape

1. Ask the caregiver what the child's age is.
2. If the child is less than 6 months, do NOT use the MUAC tape.
3. Ask the caregiver to sit with the child in her lap with the child's LEFT arm facing you.
4. Always measure the midpoint LEFT upper arm.
5. To locate the midpoint the arm must be hanging down the side of the body and relaxed.
6. Hold the MUAC tape in your right hand with the blank side facing you and the fatter end of the tape on the right.
7. Place the tape between the back bone in the shoulder and the tip of the elbow.
8. Take the end of the tape at the elbow and fold it in half so that both ends are now at the shoulder and the folded end is at the midpoint. Mark the midpoint using a pen, marker or chalk.
9. Wrap the MUAC tape around the midpoint by sliding the end through the 'slot' opening.
10. Pull the tape gently to tighten around the child's arm.
11. Do NOT pull too tight so that the child's arm is squeezed.
12. Do NOT leave it loose so that there is space between the arm and the tape.
13. Read the colour (red, yellow or green) that shows through the window at the point where the 2 arrows indicate.
14. MUAC of less than 115 mm / 11.5 cm, or RED colour, shows Severe Acute Malnutrition (SAM).
15. A child with a RED MUAC tape reading must be immediately referred to an OTP site for treatment.
16. MUAC of between 115 mm / 11.5 cm and <125 mm / 12.5 cm, or YELLOW colour, shows the child has Moderate Acute Malnutrition (MAM).
17. MUAC over 125 mm /12.5 cm, or GREEN colour, shows the child is well nourished.



How to Make Water Safe

Boil Water

- Boiling water for 1 minute makes it safe from germs.
- Bring water to a rapid, rolling boil.
- Once it starts boiling, let it boil for 1 full minute before taking the pot off to cool.
- Once the water is cooled, store in a clean and covered container.

Use Solar Disinfection (SODIS) Method

- Solar disinfection is a very effective way to treat water with only sunlight and a bottle.
- Clean a clear plastic or glass bottle or plastic bag.
- Fill the bottle $\frac{3}{4}$ full, and shake it for 20 seconds. This will add air bubbles to the water.
- Fill the bottle or bag to the top. The air bubbles will help to disinfect the water faster.
- Place the bottle in an open place where there is no shade and where people and animals will not disturb it, like the roof of a house.
- Leave the bottle in the sun for at least 6 hours in full sun, or 2 days if it is cloudy.
- Drink directly from the bottle. This will prevent the possibility of contamination from hands or other containers

Instructions to Make an ORS Solution

- Wash your hands with soap and water.
- Pour all the powder from 1 ORS packet into a clean container.
 - Use any available container, such as a jar, bowl or bottle.
- Use safe water.
- Pour 1 litre of safe water or 5 small cupfuls (each cup about 200 ml) into the container with the ORS powder.
- Mix well until the ORS powder is completely mixed.
- Give the sick child as much of the solution as it needs, in small amounts frequently.
- Give child alternately other fluids - such as breast milk and juices.
- Continue to give solids if child is six months or older.
- Make a fresh solution each day. Throw away any unused solution.
- ORS does not stop diarrhoea. It prevents the body from drying up. The diarrhoea will stop by itself.
- If child vomits, wait ten minutes and give it ORS again.
- If diarrhoea increases and /or vomiting persists, take child over to a health clinic

Instructions to Make Homemade (ORS)

Salt and Sugar Recipe:

- 1 litre of **safe water**:
 - 1½ plastic bottled water—each bottle 600 ml
 - 5 small cupfuls—each cup about 200 ml
- 6 level teaspoons or 1 handful of **sugar**
- 1/2 level teaspoon or 2 pinches (using thumb and 2 fingers) of **salt**
- Stir the mixture until the salt and sugar dissolve.

Rice-based Recipe:

- Grind 2 fistfuls of **dry rice** into a powder
- Cook the powder in 1 litre of **safe water**
- 1/2 level teaspoon or 2 pinches (using thumb and 2 fingers) of **salt**
- Cool down before giving to child to drink.

Translation of Signs & Symptoms for Languages in NBeG

ILLNESS Sign / Symptom	Luo	Dinka	Arabic
Danger Signs			
Convulsion	Adoor-kerayo Juet	Gueek/door	
Chest in-drawing	Ngeete, teel yengong	Puou thok acie lony thin	Dheiknapath / ertapajathatapath
Danger	Gum rach	E Ken koc nok	Hala kathur
Difficult to wake	Ungen piny	Aci gek piny	
Immediately	Awan-kan	Menthien	
Not drinking	Bimatha	Acie dek piu	
Not breastfeeding	Bidhodho	Acie thuat	
No appetite	Adoni tor cam, bi cam	Acie mith Acie cam	Gafaniel
Refer	Uhore-paar akim	Tuoc tueng	
Very sleepy	Nenong-nong	Aci nong nyin	
Vomiting everything	Ungok kuan gini came cang	Akang ngak wei e ben	Thrash
Weakness Lethargy	Tee, tor yi guopi	Aci luany guop	Faka swail
Malaria	Juei	Juay	
Dawn	Kanyanjo	Nhiak	Sabaah
Dusk	Kawar	Weer	Misa
Fever	Leeth rook	Aleeth	Harara jism homa
Mosquito net	Hot-abaya	Hon dhier	Namciem
Shivering chills	Ree ulath	Aye lath guop	Barjib
Sweating	Kuak	Leth	arig/sakana
Pneumonia	Ahon	Aci nhiany piou Hol	Ittiab al riawi
Cough	Uwola	Hool	Goho
Difficult breathing	Yii ye tiek	Ee wei ke riel areet	Dek al nafas
Fast breathing	Yii yong yong	Aweei apei	Nafas shedit
Lung		Goyok(yokyok)	Pashpash
Diarrhoea	Thou yeng	Yac	Isal moya
Bloody diarrhoea	Thou-yec riemo	Yac riem	

ILLNESS Sign / Symptom	Luo	Dinka	Arabic
Dehydration	Pii athum eguopi	Aci guop thok ne piu	Faka swail
Hand washing	Luok ciingi	Lok cin	Kacil yet dak
Latrine	Hot-pela	Hon peel bakana	Bakana
Loose stool	Upel ka cieth mi yom	Ee lo roor cieth koc	Isal
ORS	Mela ma mat sugar	Awai ci mat ke thugar	Shurba mille
Safe water	Pii-me kuel	Piu path	Muoya na dhiep
Vomiting	Ungok	Ngok	Thrash
Watery diarrhoea	Thou-yec pii	Yac piu	
SAM	Adoor-kerayo Juet	Gueek/door	Dhob
Breastfeed	Udhodho	Thuet	
Colostrum	Thiith/Cak umoth	Thiit thiin	
Oedema	Tene-kuot	Aci buot cok	
Other words			
1 to 5 years	Run-aciilo laat run abiic	Ruon tok bi la run kadhiic	
2 to 11 months	Duatde arou-laak apaar wang aciilo	Peei karou bi la peei thiarku tok	
Age	Ruun	Ruun	
Boy	Nyithok	Dhok	
Caregiver	Ngat tiing	Raan reer kek meth	
Classification	Ngeectuany	Them	Kachib
Drugs	Yeen paar akim	Wal akim Waal tuany	Dawat
Germ	Nyithen toung mini guop	Kam to koc gup	
Girl	Nyakou	Nya	
Good morning	Yii-baahge	Cii bak	
Hand washing	Louk ciing	Lok cien	
Immunization	Tuom	Tuom	Tathyiem
Severe	Tuany-me yee tiek	Ke ril yic	
Thank you	Koori karaay	Yin ca leec	Cu ku ran
Treatment	Cup yeen parakim	Gam wal akim	Tawiel
Very good	Beer karaayo	Apath apei Luoipath	Sakok kuec

Training Resources

Preparing for ICCM Training Checklist

Successful training begins with thorough preparation. It is important that ICCM Facilitators take the time to plan the ICCM training in order to sensitize the community, secure a location for conducting the training, invite the CDD Supervisors, CDDs, and invited guests, and obtain the needed resources to train.

The following checklist will help to prepare you for the ICCM training:

- ☐ Read and understand the content of the *ICCM Facilitator Training Manual*.
- ☐ Conduct community sensitization about ICCM and ensure community leaders and members of the community are aware of:
 - The *CDD Code of Conduct* and CDD roles and responsibilities
 - The *CDD Community Service Agreement*
 - The date, start and end time, and location of training
 - Meals and per diem provided during training
 - The purpose and time of the Clinical Session
- ☐ Gain approval for the training from community leaders.
- ☐ Prepare the list of participants with names and contact information.
- ☐ Secure a location to deliver the 6-day training for the selected training dates:
 - Select a training space with room for a total of 20 participants (CDDs and CDD Supervisors) and other MC Staff and visitors to sit comfortably.
 - Select space with good lighting and ventilation.
 - Confirm lunch and morning and afternoon tea breaks for all training days.
 - Request the training room is set-up so that it allows CDDs to interact with one another.
 - Secure enough chairs and tables.
- ☐ Invite the CDDs and CDD Supervisors to the training.
- ☐ Invite community leaders to officially open the training.
- ☐ Invite selected PHCC staff, OTP Supervisors to attend and provide information on referral.
- ☐ Prepare all the needed resources and materials needed for each session.

- ☐ Print any needed materials on the *List of Training Materials*.
- ☐ Ensure there will be a complete *CDD Toolkit* to give each CDD on the last day of training.
- ☐ Confirm with logistics team any issues surrounding ground transportation and security.
- ☐ Request per diem for all training participants.
- ☐ Decide which sessions will be conducted by each co-facilitator.
- ☐ Rehearse all of the training session activities.
 - Practise role plays, demonstrations, and other activities which are new for you.
 - Identify possible questions CDDs may ask, and practise how you will answer them.
 - Prepare all the needed materials for activities.
- ☐ Organize the clinical session for the 5th day of training in advance and have enough medicines on hand.

ICCM Training Timetable

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Introduction to ICCM	Assessment of the Sick Child with Danger Signs	Assessment of the Sick Child—Putting it Together	Treatment of Sick Children	Review of Modules 1 through 4	Following up after sick child visit
Health in the Community	Assessment of the Sick Child with Fever	Classification and Referral of Danger Signs		Clinical Session	Communicating Health Messages
TEA BREAK					
Roles and Responsibilities of the CDD	Assessment of the Sick Child with Fast Breathing	Classification and Referral for Severe Illness	Treatment and Advice for Malaria	Clinical Session	Record Keeping
					Managing Supplies
LUNCH					
Active Listening and Communication	Assessment of the Sick Child with Fast Breathing	Classification and Referral for Severe Illness and SAM	Treatment and Advice for Pneumonia	Clinical Session	Action Planning
Introduction to Taking a Medical History	Assessment of the Sick Child with Diarrhoea		Treatment and Advice for Diarrhoea		Closing Ceremony
TEA BREAK					
CDD Toolkit	Assessment of the Sick Child with SAM	Classification and Advice for Illnesses Treated at Home	Treatment and Advice for SAM	CDD Skill Evaluation	Distribution of Medicines and CDD Community Service Agreement
Introduction to CDD Recording Form			Recording Treatments		

List of Training Materials and Facilitator Tools

The following is a list of training supplies tools the ICCM Facilitator will need for the 6-day ICCM training. It is best to begin to obtain and prepare these materials at least 2 weeks advance to avoid any delays.

Training Documents	Quantity
<input type="checkbox"/> ICCM Facilitator Training Manual	<input type="checkbox"/> 1 for each ICCM Facilitator
<input type="checkbox"/> Daily <i>Training Attendance Register</i>	<input type="checkbox"/> 1 per training
<input type="checkbox"/> Laminated <i>Instructional Pictures (48 each)</i>	<input type="checkbox"/> 5 sets per training
<input type="checkbox"/> Copies of <i>Rows and Columns</i> <i>handout</i>	<input type="checkbox"/> 2 copies for each CDD
<input type="checkbox"/> <i>CDD Competency Checklist</i>	<input type="checkbox"/> 25 copies per training
<input type="checkbox"/> <i>CDD Community Service Agreement</i>	<input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> <i>CDD Code of Conduct</i>	<input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> <i>Certificates of Competence</i> (signed and dated)	<input type="checkbox"/> 1 for each CDD that successfully completes the <i>CDD Competency Checklist</i>
<input type="checkbox"/> <i>Certificates of Attendance</i> (signed and dated)	<input type="checkbox"/> 1 for any CDD that does NOT receive a <i>Certificate of Competence</i>
<input type="checkbox"/> Cash for CDD Per diems	<input type="checkbox"/> Correct cash for each CDD
<input type="checkbox"/> <i>Daily Per Diem Receipt Form</i>	<input type="checkbox"/> 1 per day
<input type="checkbox"/> <i>Patient Waiver Form</i>	<input type="checkbox"/> 10
Training Support Tools	Quantity
<input type="checkbox"/> Pens	<input type="checkbox"/> 25
<input type="checkbox"/> Note pad	<input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> Ink pad	<input type="checkbox"/> 1 per training for <i>Training Attendance Register</i>
<input type="checkbox"/> Flipchart paper for community maps	<input type="checkbox"/> 1 ream per training
<input type="checkbox"/> Marking pens (blue, black)	<input type="checkbox"/> 5 of each colour per training
<input type="checkbox"/> Doll (for role play activities)	<input type="checkbox"/> 10 dolls for each training

<input type="checkbox"/> Mats or collapsible tables	<input type="checkbox"/> 2 to 3 per training
<input type="checkbox"/> Towel	<input type="checkbox"/> 2 for training
<input type="checkbox"/> Safe drinking water	<input type="checkbox"/> 2 litres for each training <input type="checkbox"/> 20 litres for clinical session
<input type="checkbox"/> Plastic bag (to demonstrate skin pinch test)	<input type="checkbox"/> 5 for each training
<input type="checkbox"/> Sugar	<input type="checkbox"/> 1 box for training demonstration and clinical session to mix with AS+AQ
<input type="checkbox"/> Soft rubber ball for review activities	<input type="checkbox"/> 1 for each training
<input type="checkbox"/> Crayons or toys for CDD children	<input type="checkbox"/> 1 set per training
<input type="checkbox"/> Camera (optional)	<input type="checkbox"/> 1
CDD Toolkit	Quantity
<input type="checkbox"/> <i>CDD Job Aid</i>	<input type="checkbox"/> 1 for each ICCM Facilitator <input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> <i>CDD Recording Form</i>	<input type="checkbox"/> 2 pads for each training <input type="checkbox"/> 1 pad for each CDD
<input type="checkbox"/> Respiratory Timer	<input type="checkbox"/> 1 for each ICCM Facilitator <input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> Respiratory Beads (infant size)	<input type="checkbox"/> 1 for each ICCM Facilitator <input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> Respiratory Beads (child size)	<input type="checkbox"/> 1 for each ICCM Facilitator <input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> MUAC tape	<input type="checkbox"/> 1 for each ICCM Facilitator <input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> Referral Triangles (laminated) <ul style="list-style-type: none"> ○ Red—20 to a set ○ Yellow—20 to a set ○ SAM—20 to a set 	<input type="checkbox"/> 1 set of each for each ICCM Facilitator <input type="checkbox"/> 1 set each for each CDD Supervisor and CDD
<input type="checkbox"/> <i>Caregiver Treatment Handouts</i> for each treatment and dose: <ul style="list-style-type: none"> ▪ AS +AQ (infant)—20 to a set ▪ AS +AQ (child)—20 to a set 	<input type="checkbox"/> 2 sets of each handout for each ICCM Facilitator <input type="checkbox"/> 1 set of each handout for each CDD

<ul style="list-style-type: none"> ▪ Amoxicillin (infant)—20 to a set ▪ Amoxicillin (child)—20 to a set ▪ ORS—20 to a set ▪ Zinc tablets (infant)—20 to a set ▪ Zinc tablets (child)—20 to a set 	
<input type="checkbox"/> Drug box with lock	<input type="checkbox"/> 1 for each NEW CDD with <i>Certificate of Competence</i>
<input type="checkbox"/> 1 litre jerry can	<input type="checkbox"/> 3 for training <input type="checkbox"/> 1 for each CDD
<input type="checkbox"/> Cup	<input type="checkbox"/> 5 cups for training <input type="checkbox"/> 1 cup for each CDD
<input type="checkbox"/> Spoon	<input type="checkbox"/> 3 spoons for training <input type="checkbox"/> 1 spoon for each CDD
Treatment Medicines	Quantity
<input type="checkbox"/> AS+AQ for 2-11 months—PINK box	<input type="checkbox"/> 25 blisters for training and clinical session <input type="checkbox"/> 5 blisters for each CDD with <i>Certificate of Competence</i>
<input type="checkbox"/> AS+AQ for 1-5 years—PURPLE box	<input type="checkbox"/> 25 blisters for training and clinical session <input type="checkbox"/> 10 blisters for each CDD with <i>Certificate of Competence</i>
<input type="checkbox"/> Amoxicillin for 2-11 months—PINK box	<input type="checkbox"/> 25 blisters for training and clinical session <input type="checkbox"/> 3 blisters for each CDD with <i>Certificate of Competence</i>
<input type="checkbox"/> Amoxicillin for 1-5 years—GREEN box	<input type="checkbox"/> 25 blisters for training and clinical session <input type="checkbox"/> 9 blisters for each CDD with <i>Certificate of Competence</i>
<input type="checkbox"/> ORS solution packets	<input type="checkbox"/> 60 sachets for training and clinical session <input type="checkbox"/> 70 sachets for each CDD with <i>Certificate of Competence</i>
<input type="checkbox"/> Zinc tablets box	<input type="checkbox"/> 25 blisters for training and clinical session <input type="checkbox"/> 20 blisters for each CDD with <i>Certificate of Competence</i>

CDD Toolkit

Each CDD who completes the ICCM Training will receive a *CDD Toolkit*. The tools in the *CDD Toolkit* are intended to supplement skills in assessment, referral, communication, treatment and recording of childhood illness. During the course of the training, CDDs will practice using the various tools. The *CDD Toolkit* includes the following tools:

1. **CDD Job Aid**—a picture guide to help the CDD remember the steps of assessment, classification, referral and treatment of a child with danger signs, malaria, pneumonia, diarrhoea, and SAM. Contains pictures and health messages to the caregiver.
2. **Respiratory Timer**—to time the number of breaths a child takes in 1 minute.
3. **Respiratory Beads** (infant and toddler)—to help count the number of breaths a child takes in 1 minute.
4. **MUAC (middle-upper arm circumference) tape**—to measure the child's left upper arm to decide if the child has severe acute malnutrition or SAM.
5. **Referral Triangles**—given to the caregiver when the sick child is referred to the PHCU/C or OTP site. There are 3 sets of triangles:
 - a. The red triangle is for immediate referral for danger signs.
 - b. The yellow triangle is for referral of severe illness.
 - c. The malnutrition triangle is for immediate referral to an OTP site.
6. **ICCM Treatment Medications**—given only to CDDs who receive a *Certificate of Competence* at the end of training. They include:
 - a. AS+AQ for treatment of malaria. 2-11 month and 1-5 years.
 - b. Amoxicillin for the treatment of pneumonia. 2-11 month and 1-5 years.
 - c. ORS packets for the treatment of dehydration from diarrhoea.
 - d. Zinc tablets for the treatment of diarrhoea. 2-6 months and 7 months to 5 years.
7. **Treatment Handouts**—given to the caregiver to explain how to give the child's medicine treatment. There is 1 handout for each medicine and dose.
8. **Litre Jerry Cans**—used to store 1 litre of safe water to use to mix medicines and ORS solution.
9. **Cups and Spoons**—given to crush and mix the medicine tablets.
10. **CDD Recording Form**—used to record all sick children seen and the treatments given.
11. **Medicine Box**—for safely storing all medicines and CDD tools.

List of Instructional Pictures

Each ICCM Facilitator will receive a set of colour laminated *Instructional Pictures* to be used throughout the various training sessions. The *Instructional Pictures* are used throughout the training as:

- Visual aids to reinforce the pictures in the *CDD Job Aid* and *CDD Recording Form*.
- Review games for the CDDs to put the sequence of the assessment process in order.
- Matching games to match the correct classification with the correct referral.
- Matching games to match the correct medication to the correct illness and the correct dose of medication to the correct age.
- An assessment tool to be used with *CDD Competency Checklist*.

There are a total of 48 *Instructional Pictures* in one set. Each picture is numbered and labelled:

1. Infant 2-11 months
2. Child 1-5 years
3. Convulsion
4. Abnormally sleepy or not able to wake
5. Chest in-drawing
6. Not able to breastfeed or drink
7. Vomiting everything
8. Neck stiffness
9. Red Danger Sign Triangle with PHCU/C site
10. Photograph of PHCC
11. Fever
12. CDD touching forehead of child with fever
13. Fast breathing and cough
14. Respiratory timer
15. Respiratory beads for infants 2-11 months
16. Respiratory beads for children 1-5 years.
17. Watery diarrhoea and diarrhoea with blood in stool
18. Skin pinch test of dehydrated child
19. Sunken eyes of dehydrated child
20. Children with SAM

21. Pedal oedema
22. Measuring with MUAC tape
23. Fever with 7 suns
24. Respiratory timer and both respiratory beads with red beads circled
25. Watery diarrhoea with 14 suns
26. Bloody diarrhoea
27. Severe illness Yellow Triangle with PHCU/C site
28. Infant with SAM measured with MUAC tape
29. Red MUAC tape reading
30. Malnutrition referral triangle and OTP site
31. AS+AQ PINK box and 1 tablet 3 days
32. AS+AQ PURPLE box and 1 tablet 3 days
33. Amoxicillin PINK box 2 tablets twice a day for 5 days
34. Amoxicillin GREEN box 3 tablets twice a day for 5 days
35. ORS solution 3 packets
36. 1 litre of water container
37. Zinc tablets 1/2 tablet for 10 days
38. Zinc tablets 1 tablet for 10 days
39. SAM triangles and AS+AQ and amoxicillin
40. NEVER give ORS or Zinc to children with SAM
41. Give first dose of medicine with caregiver
42. Sleep under bed net
43. Breastfeed for 2 years
44. Eat a variety of nutritious foods
45. Wash hands with soap and water or ash
46. Boil Water for 1 minute
47. Use latrine
48. Immunize children
49. Cover

Rows and Columns Handout

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ICCM Clinical Session Guidelines

The purpose of the clinical session is for the CDDs to gain practical experience applying their newly learned ICCM skills of assessing, classifying, referring and treating with sick children in the community. CDDs will be asked to observe and practice assessment, classification, treatment and referral of a sick child for:

- danger signs
- fever
- fast breathing
- diarrhoea
- malnutrition

The clinical session also aims to provide the ICCM facilitators with an opportunity to evaluate the performance of each CDD. The ICCM Facilitator will use the *CDD Competency Checklist* to ensure that all the ICCM skills are demonstrated correctly. Those CDDs who demonstrate that they are able to complete all the required tasks of the patient visit will be awarded a *Certificate of Competency*. Only those CDDs/CDD Supervisors who hold a *Certificate of Competency* will be given the full package of ICCM medicines and function in the role of a CDD for Malaria Consortium.

The clinical session will be discussed with the PHCU/C and community leaders during community sensitization. The health facility will be informed that the focus of the clinical session is to allow the CDDs to demonstrate the skills they have learned. The facilitator will provide clear guidance to participants having difficulty with a particular skill.

The clinical session is planned for the 5th day of ICCM training. Several days before the clinical session the ICCM Facilitators will visit the PHCU/C to confirm the clinical session and arrange with the local PHCU/C to re-direct approximately 20 (moderately sick) children less than 5 years to the location where the clinical session will be held.

The ICCM Facilitators will triage the sick children and select the sickest children to be assessed first in order for them to be quickly referred if needed.

Caregivers will be introduced to the CDDs and given an explanation of ICCM and the role of the CDD in the community. The purpose of the clinical session will also be explained. Caregivers will be informed that the CDDs are still in training and the facilitators will be teaching the CDDs throughout the clinical session. Caregivers will also be informed that their child may or may not receive treatment depending on the child's illness.

One sick child and their caregiver will be invited to be assessed by one CDD in front of the group of CDDs. Each CDD will complete the full assessment while the other CDDs observe and listen.

Each CDD will use the SAME *CDD Recording Form* to record each sick child during clinical session. This will help the CDDs to practice recording each sick child on the following rows.

The ICCM Facilitators will supervise and mentor each CDD to ensure the child is correctly assessed, classified, referred and treated. The ICCM Facilitator will use the *CDD Competency Checklist* to ensure that all of the ICCM skills are demonstrated correctly.

CLINICAL SESSION OBJECTIVES

- To practice active listening and communication.
- To practice handling children gently and using a supportive and friendly approach with caregivers.
- To observe and demonstrate skills learned in assessing, classifying, treating and/or referring a sick child for danger signs, fever, fast breathing, diarrhoea and malnutrition.
- To gain experience and confidence in ICCM skills.
- To receive constructive feedback on skill performance and targeted guidance to strengthen ICCM skills;
- To demonstrate sufficient skills in ICCM to graduate as a safe and responsible ICCM CDD.

PRE-TRAINING COMMUNITY SENSITISATION:

- Explain to the village chiefs and authorities that the training will contain a clinical session to allow participants to practice treating children for suspected malaria, pneumonia, diarrhoea and malnutrition.
- Reinforce the message that all sessions will be fully supervised to ensure the correct advice and treatments are given.
- Contact the nearest health facility in-charge and discuss the purpose and logistics of the clinical session.
- Explain that their help is needed to set up the clinical session and to treat any children referred back to the health facility during the session.
- The clinical session should not be conducted inside the health facility building. This is to ensure that the clinical session does not interfere with the ongoing activities of the facility.
- Establish whether the PHCU/C is active and within 15 minutes walk from the training venue.
- Explain that if the training is to be held more than 15 minutes from the nearest active health facility, the clinical session will rely on the engagement of the community.

- Contact the in-charge of the health facility and determine how many children are brought to the health facility on average each day and note any times when health facility staff are not available. This information will help to decide whether you will need to mobilise additional children from the community for the clinical session. Ideally 15 to 20 children will be needed for the session.
- Determine whether the training participants will walk together to the facility or whether the PHCU/C will refer patients to the training venue. This decision should be based on an analysis of the available locations but the facility-based session should always be prioritised.
- Determine if there is another convenient meeting space beside the PHCU/C which will allow the CDDs to treat children in a relatively private, covered area. If available, this site should be chosen.
- Only when there is no relatively private, covered area beside the health facility, should children be referred directly to the training location.
- Agree the time when you will hold the clinical session (Day 5 AM) and agree to an end time after which no additional children will be referred to the session. This may be dependent on where the clinical session is being held and how quickly the children are referred to the session.
- Practice running the clinical session and giving feedback to the CDDs by role-playing with your co-facilitator. This should help you obtain experience and work out any problems before the clinical session.
- To ensure the security of the MC field team, an ambulance service will not be available from MC if the nearest PHCU/C is more than a 30 minutes drive from the training venue. If this is the case you should inform the Programme Officer in advance so that alternative options can be reviewed (Aweil West ambulance etc).

DAY 1 OF THE TRAINING:

- Meet the health facility in-charge and confirm preparations for the clinical session.
- Discuss the criteria for selecting children and ensure the health facility staff understands which illnesses will be treated and under which circumstances the child will be referred back to the PHCU/C.
- Explain where the training will be held and which will be the nearest PHCU/PHCC. He will need this information before the training to ensure the triage session works efficiently.
- Explain the objectives of the clinical session to the CDDs.
- Tell CDDs the time and day when the clinical session will be held and ask for 5-8 volunteers to invite caregivers with a sick child between 2-59 months to participate in the clinical session.

- Tell CDDs the time and day when the clinical session will be held and ask for 5-8 volunteers to invite caregivers with a sick child between 2-59 months to participate in the clinical session.
- Ask CDDs to explain to the caregiver that their participation is totally voluntary and will not receive any financial compensation for their involvement

DAY 4 OF THE TRAINING:

- Re-confirm preparations for the clinical session with the health facility and re-confirm the time at which care-givers should bring their children.
- Discuss the criteria for selecting children and ensure the health facility staff understands which illnesses will be treated and under which circumstances the child will be referred back to the PHCU/C.
- Explain to the team driver where the clinical session will be held and that there may be need to transport very sick children to the nearest PHCU/C without an accompanying ICCM Facilitator.
- Explain and provide the team driver with the *Patient Waiver Form* which ensures the driver is NOT legally responsible for the health of the children in the car.

CONDUCTING THE CLINICAL SESSION ON DAY 5

Co-facilitators will agree how the management of the training session will be handled.

Setting-up the clinical session:

- Cross check all your materials for the clinical session before participants start arriving for the session.
- Set-up a waiting area for caregivers and their children, ensuring there is sufficient clean water and shade.
- Ensure that the people who come to watch the session are politely moved on. It is important to ensure privacy and a calm environment for the children and their caregivers.
- Once the required number of children have arrived at the venue, explain to late-comers that you are only able to treat a small number of children in the timeframe and refer sick children to the nearest PHCU/C.

Criteria for selection of children for the clinical session:

- Be between 2 months and 5 years old
- Have 1 or more of the following symptoms: fever, cough, fast breathing, diarrhoea, wasting, oedema, danger signs.
- Be accompanied by an adult (over 18 yrs.) caregiver who has responsibility for the child.
- Ideally belong to the community in which the training is taking place.

- Should NOT demonstrate signs of severe illness.
- Should NOT be refused treatment on a previous day to allow for referral to the clinical session.

No child will be turned away from the training if they fall within the selection criteria. However, to ensure follow-up; it is preferable to invite children within walking distance of one of the CDDs or the health facility.

Triage the sickest children:

- One facilitator should be responsible for greeting the caregivers as they arrive and quickly checking the symptoms of each child.
- Any children who are seriously sick should be referred directly to the PHCU, while those children with danger signs should be treated first.
- In areas in which the training is held more than 15 minutes walk from the nearest PHCU, the MC car may offer an ambulance service from the training venue to the nearest PHCU/C.
- Only one journey will be made, so caregivers should be reminded to bring their children on time, children with danger signs who are assessed should be seen first and quickly.
- ALL caregivers who are taken in the MC car should sign the *Patient Waiver Form*.

Explain to the CDDs:

- Ensure all CDDs have the items in *CDD Toolkit*.
- The facilitators will be using a checklist to observe their skills during clinical session.
- The facilitators will be coaching them on skills they do not do correctly. This will be done in front of the caregivers and other CDDs.
- CDDs must:
 - Complete a full assessment for all danger signs, fever, fast breathing, diarrhoea and SAM.
 - Classify the child's illness and decide if the child needs to be referred or treated at home.
 - Give the caregiver the correct referral instructions.
 - Select the correct medicine for the illness and the correct dose for the child's age.
 - Give the correct referral, treatment and caregiver advice.
 - Give the caregiver the correct treatment instructions and the correct treatment card.
 - Use active listening skills.

- Use the *CDD Job Aid*.
- Record the visit on the same *CDD Recording Form*.
- CDDs should observe each sick child session.

Explain to the Caregivers:

- Introduce the caregivers to the CDDs.
- The role of the CDD and ICCM is in the community.
- The purpose of the clinical session and that the CDDs are still in training.
- That facilitators will be teaching the CDDs while they are assessing the sick child in front of the other CDDs.
- Their child may or may not receive treatment depending on the child's illness.
- One child will be invited to be assessed by one CDD at a time.
- All participation is totally voluntary, they may refuse to participate, and they are free to withdraw from session without giving a reason.
- Each sick child session should take approximately 20-30 minutes.
- Confirm with the caregiver whether they have understood.

Begin the Clinical Session:

- Divide the CDDs into groups of 3 and assign each group a number. This will be the order in which the groups will be invited to treat the next sick child.
- Invite the first sick child and caregiver to take a seat in front of the group of CDDs.
- Observe the CDD and provide support and coaching
- Ensure the CDD gives the correct treatment and dose and records it correctly on the CDD Recording Form.
- Each CDD will use the SAME *CDD Recording Form* to record each sick child during clinical session. This will help the CDDs to practice recording each sick child on the following rows.

Mentoring During the Clinical Session

- It is important that the ICCM Facilitators use the clinical session as a teaching opportunity for ALL of the CDDs. If the Facilitator observes the CDD has done a skill well they should point it out so that the other CDDs understand what good performance looks like.
- If the Facilitator observes the CDD has done a skill incorrectly they should correct the CDD by asking the other CDDs how it should be done and then asking the CDD to perform the skill again.
- When the sick child is assessed for fast breathing, instruct ALL the CDDs to use their respiratory beads and count the number of breaths together along

with you. This will help the CDDs to practice and will help verify the CDDs reading.

End the Clinical Session:

- Thank the caregivers for coming to the clinical session.
- Keep the *CDD Recording Form* to document on the *Training Report*, the number of patients seen and medications given.
- Summarise the session and answer any questions CDDs may have.

CDD Competency Checklist for ICCM

This *CDD Competency Checklist* is used by the ICCM Facilitators during the Clinical Session to observe the CDD skills at the end of ICCM training. For this purpose, it will be used to assess the CDDs ability to perform the various skills needed to be competent at ICCM.

CDDs should demonstrate a satisfactory or “OK” level in all skill areas in order to get a *Certificate of Competence* at the end of ICCM training. An “OK” level means the CDD is able to partially demonstrate the skill and with additional practice and mentoring should be able to demonstrate the skill thoroughly.

The *CDD Competency Checklist* will also be used by the ICCM Facilitators and CDD Supervisors during support supervision visits. For this purpose, it will be used to assess how well CDDs apply the skills they learned in training and how much they improve with practice.

The *CDD Competency Checklist* is organized by the following skills: Communication, Assessment of the Sick Child, Classification & Referral, Treatment & Caregiver Advice, Record Keeping & Supplies, and Follow-Up & Health Messages.

Instructions:

- During the clinical session or support supervision visit, **observe** the CDD performing the competency skills.
- If the CDD does not have the opportunity to perform the skill, you can **ask the CDD to show you** the skill by giving a case scenario. i.e. “Show me how you would assess a child with fever.”
- Write the **CDDs name** and **date** of the assessment at the **top of each page**.
- Put a **mark** under the coloured box for skill level the CDD achieved:
Grey = Not Seen—There was no opportunity to demonstrate the skill.
Red = NOT Good—CDD can NOT do the skill.
Yellow = OK—CDD can do the skill satisfactorily.
Green = Very Good—CDD can do the skill very well.
- Count the number of marks at the end of each page.
- CDDs with 10 or more marks “Not Good” will NOT be able to receive a *Certificate of Competency* at the end of training. These CDDs will be given a *Certificate of Attendance* and given remedial training at a later date.

SKILL	Not Seen	NOT Good	OK	Very Good
			X	
			X	
				X
		X		
			X	
	X			
TOTAL	I	I	III	I

	Not Seen	NOT Good	OK	Very Good
COMMUNICATION				
1. Greets and welcomes the caregiver politely.				
2. Actively listens to the caregiver and repeats to verify understanding.				
3. Asks the caregiver questions to get more information about symptoms.				
4. Asks the caregiver permission to examine the child.				
5. Checks the caregiver understands the instructions.				
ASSESSMENT OF THE SICK CHILD				
1. Uses the CDD Job Aid .				
2. Asks the child's age and sex .				
3. Asks what the child's problem is.				
4. Asks the caregiver how long the child has had the symptoms.				
5. Asks the caregiver about ALL danger signs ³ : <ul style="list-style-type: none"> • Convulsions • Abnormally sleepy • Chest in-drawing • Not able to drink or breastfeed • Vomiting everything • Neck Stiffness 				
6. Looks for signs of ALL danger signs .				
7. Asks the caregiver about fever .				
8. Looks and feels for signs of fever by touching the back of the neck, forehead or upper chest.				
9. Asks the caregiver about difficulty breathing AND fast breathing AND cough .				
10. Uses the respiratory timer and correct size respiratory beads to measure for fast breathing and repeats measurement to get the best out of 3 measurements.				
11. Asks the caregiver about diarrhoea AND blood in the stool .				
TOTAL				

³ A CDD who is not able to ask and look for danger signs should not be awarded a Certificate of Competence at the end of ICCM Training.

12. Looks for signs of dehydration and correctly uses the skin pinch test .				
13. Correctly measures the child's left upper arm using the MUAC tape to check for SAM .				
14. Applies pressure to top of both feet to look for pitting oedema.				
CLASSIFICATION and REFERRAL				
1. Gives caregiver correct advice about: <ul style="list-style-type: none"> What could be wrong with the child Need for referral 				
2. Classifies a child with at least 1 danger sign as danger sign AND gives caregiver red referral triangle AND refers to PHCU/C.				
3. Classifies a child with fever 7 days or more as severe malaria AND gives caregiver yellow referral triangle AND refers to PHCU/C.				
4. Classifies a child with diarrhoea 14 days or more or diarrhoea with blood in the stool as severe diarrhoea AND gives caregiver yellow referral triangle AND refers to PHCU/C.				
5. Classifies a child with red MUAC tape reading as SAM AND gives caregiver malnutrition referral triangle AND refers to OTP site.				
6. Classifies a child with pitting oedema in both feet as SAM AND gives caregiver malnutrition referral triangle AND refers to OTP site.				
7. Refers to the PHCU/C: <ul style="list-style-type: none"> Children under 2 months of age Children over 5 years of age Adult patients Illness not known or not able to treat 				
8. Gives the caregiver correct referral instructions and directions to the PHCU/C or OTP site.				
9. Classifies a child with cough of more than 21 days as other disease AND refers to PHCU/C .				
10. Classifies a child with fever of less than 7 days as uncomplicated malaria that can be treated at home.				
11. Classifies a child with fast breathing and cough as pneumonia that can be treated at home.				
12. Classifies a child with diarrhoea of less than 14 days with no blood in stool as diarrhoea that can be treated at home.				
TREATMENT and ADVICE				
1. Uses the CDD Job Aid to explain to the caregiver why, how and when to give the child's treatment.				
2. Gives the first dose of all drugs with the caregiver.				
TOTAL				

3. Selects the correct box of AS+AQ for child with fever or child with fever AND any danger sign : <ul style="list-style-type: none"> 2 to 11 months: 1 tablet from PINK box once a day for 3 days. 1 to 5 years: 1 tablet from PURPLE box once a day for 3 days. 				
4. Selects the correct box of amoxicillin for the child with chest in-drawing or for fast breathing and cough : <ul style="list-style-type: none"> 2 to 11 months: 2 tablets from PINK box 2 times a day for 5 days 1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days 				
5. Mixes the first packet of ORS and teaches caregiver how to make ORS solution for the child with severe or moderate diarrhoea : <ul style="list-style-type: none"> Gives caregiver advice to continue giving the ORS on the way to the PHCU/C for child with severe diarrhoea. Gives caregiver 2 remaining ORS packets and advises the caregiver to mix a fresh solution each day and give child frequent sips each day until each solution is finished. 				
6. Selects the correct dose of Zinc tablet for child with severe or moderate diarrhoea based on the child's age: <ul style="list-style-type: none"> 2 to 6 months: ½ tablet once a day for 10 days 7 months to 5 years: 1 tablet once a day for 10 days 				
7. Selects the correct dose of AS+AQ and amoxicillin for a child with SAM based on the child's age. <ul style="list-style-type: none"> 2 to 11 months: 1 tablet from PINK box once a day for 3 days 1 to 5 years: 1 tablet from PURPLE box once a day for 3 days 2 to 11 months: 2 tablets from PINK box 2 times a day for 5 days 1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days 				
8. Advises caregiver NEVER to give ORS or Zinc tablets to the child with SAM .				
9. Gives caregiver the correct treatment instructions and gives caregiver correct treatment handout .				
10. Gives caregiver advice to take the child to the PHCU/C if the child: <ul style="list-style-type: none"> Gets sicker Develops a danger sign Not improved in 2 days 				
RECORD KEEPING and SUPPLIES				
1. Completes the CDD Recording Form during every sick child visit—after giving child first dose of drug.				
2. Correctly marks the following on the CDD Recording Form : <ul style="list-style-type: none"> Child's name or thumb print Male or Female Child's age Classification of illness If child referred Treatment(s) given 				
TOTAL				

3. Stores drugs and supplies indoors in a dry place and away from insects and animals.				
4. Keeps drugs away from children .				
5. Keeps track of drugs and supplies : <ul style="list-style-type: none"> • Requests new supplies when the minimum quantity is reached. • All drugs are accounted for when compared to <i>CDD Recording Form</i>. 				
FOLLOW-UP and HEALTH MESSAGES				
1. Follows-up with the caregiver in 3 days to see if the child is better.				
2. Uses the CDD Job Aid to communicate the appropriate health messages for the recent illness.				
11. Gives caregiver at least 1 health advice and prevention message : <ul style="list-style-type: none"> • Sleep under a LLIN mosquito net from time sun goes down until sun comes up. • Early treatment for malaria, pneumonia, diarrhoea, and SAM can prevent death in children. • It is important to recognize childhood illnesses and treat them as soon as possible. • Use safe water for drinking and food preparation. • Use pit latrine or dispose of faeces properly. • Feed your child only breast milk for the first 6 months of life. • Breastfeed children for the first 2 years or more. • Feed children often with a variety of nutritious foods. • Take your children for immunization according to the national vaccination schedule. • Always wash hands with soap and water or ash: <ul style="list-style-type: none"> ○ after using the toilet or latrine or disposing of faeces ○ before preparing food; before eating or feeding children 				
TOTAL				

CDD Skills Evaluation Tool and Answer Key

The *CDD Skills Evaluation Tool* is an optional tool that can be used to evaluate the CDDs ICCM skills in the event a clinical session is not possible; or if there are not enough sick children for all CDDs to practice their skills.

The tool is a set of 4 case studies designed to evaluate the CDD knowledge comprehension of ICCM and the CDDs ability to perform the ICCM skills. CDDs will be asked to answer questions, demonstrate skills, and role play giving caregiver instructions.

The Facilitator will select one case study per CDD and use the *CDD Competency Checklist* along with the answers to the *CDD Skills Evaluation Tool* to evaluate the CDDs skills.

Case 1

A caregiver brings her sick 5 month old baby to you. The caregiver reports that the child has been having diarrhoea for the last 2 weeks. The caregiver says that the child has very thirsty.

1. What important information is given in the child's history?

- 2-11 months
- Diarrhoea for more than 14 days

2. What other signs will you ask and look for?

- All danger signs
- Signs and symptoms of dehydration (sunken eyes and skin pinch test)
- Signs and symptoms of fever
- Signs and symptoms of fast breathing and cough
- Signs and symptoms of SAM (MUAC and pedal oedema)

3. Demonstrate how you will ask the care giver questions and how you will examine the child.

4. Will you refer this child?

- Classifies a child with severe diarrhoea.
- Give caregiver yellow referral triangle

5. What treatment will you give the child?

- Mix the first packet of ORS and teach caregiver how to make ORS solution
- Give caregiver 2 remaining ORS packets and advises the caregiver to mix a fresh solution each day and give child frequent sips each day until each solution is finished
- Zinc tablet for infant 2 to 6 months: ½ tablet once a day for 10 days

6. Explain how to mix ORS?

- Wash hands with soap and water.
- Pour all the powder from 1 ORS packet into a clean container.
- Pour 1 litre of safe water into the container with the ORS powder.
- Mix well until the ORS powder is completely mixed.

7. Show how you would advise the caregiver of the sick child?

- What the child's problem is.
- Needs referral to PHCU/C.
- How to mix and give ORS.
- Give small sips of ORS on way to PHCU/C until finished.
- How to give Zinc tablets.

Case 2

A caregiver brings her sick 18 month old daughter to you. The caregiver says that the child has had fever for the 2 days and has not been breastfeeding since last night. While examining the child, the child has a convulsion, but recovers shortly afterwards.

1. What important information is given in the child's history?

- 1-5 years
- Fever less than 7 days
- Danger sign not drinking
- Danger sign convulsion

2. What other signs will you look for?

- All other danger signs
- Signs and symptoms of fever
- Signs and symptoms of fast breathing and cough
- Signs and symptoms of dehydration (sunken eyes and skin pinch test)
- Signs and symptoms of SAM (MUAC and pedal oedema)

3. Demonstrate how you will ask the care giver questions and how you will examine the child.

4. Will you refer this child?

- Yes. Classify a child with at least 1 danger sign as danger sign
- Refer immediately to PHCU/C
- Give caregiver red referral triangle

5. What treatment will you give the child?

- AS+AQ for child 1-5 years only if the child is awake and can swallow

6. Show how you would advise the caregiver of the sick child?

- What the child's problem is.
- Needs immediate referral to PHCU/C for danger sign.

Case 3

A caregiver brings her sick 12 month old baby to you. The caregiver states that the child has had breathing problems since this morning. The child is able to drink and has not vomited. When you look at the child you notice the child is breathing very fast shallow breaths.

1. What important information is given in the child's history?

- 1-5 years
- Difficulty breathing.
- No other danger signs

2. What other signs will you look for?

- All danger signs, especially chest in-drawing.
- Signs and symptoms of fast breathing and cough
- Signs and symptoms of fever
- Signs and symptoms of dehydration (sunken eyes and skin pinch test)
- Signs and symptoms of SAM (MUAC and pedal oedema)

3. Demonstrate how you will examine the child.

- Measure breathing for 1 minute
- Use respiratory timer and respiratory beads for child 1-5 years.
- Takes 2 readings.

4. Your respiratory bead is red when the timer beeps 2 times. What will you do?

- Classify child with fast breathing and cough that can be treated at home.

5. What treatment will you give the child?

- Give amoxicillin for child 1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days

6. Show how you would advise the caregiver of the sick child?

- What the child's problem is
- How to mix and give medication

- Give 3 tablets 2 times a day
- Give all 5 days of medicine
- Go to PHCU/C if child does not get better in 2 days.

Case 4

A caregiver brings her 4 year old child to you and says she is worried because her child is very thin and tired. You look at the child and the child has a big belly and thin arms and legs. The child's skin appears dry and wrinkled.

1. What important information is given in the child's history?

- 1-5 years
- Signs of SAM

2. What other signs will you look for?

- All danger signs
- Signs and symptoms of fever
- Signs and symptoms of fast breathing and cough
- Signs and symptoms of dehydration (sunken eyes and skin pinch test)
- Signs and symptoms of SAM (MUAC and pedal oedema)

3. Show how you will do a MUAC test and check the feet for oedema.

4. The child has a red MUAC reading; what will you do?

- Classify child with SAM.
- Give caregiver malnutrition referral triangle and explain to go to OTP site.

5. What treatment will you give the child?

- Give AS+AQ for prevention of malaria for child 1 to 5 years 1 tablet from purple box once a day for 3 days
- Give amoxicillin for prevention of pneumonia for child 1 to 5 years: 3 tablets from green box 2 times a day for 5 days

6. Show how you would advise the caregiver of the sick child?

- What the child's problem is
- Needs referral to OTP Site
- How to mix and give medication

CDD Community Service Agreement

I, _____ agree to volunteer for the position of Community Drug Distributor (CDD) having successfully completed the training in Integrated Community Case management (ICCM) of Malaria, Pneumonia, Diarrhoea and Severe Acute Malnutrition and received a Certificate of Competency.

I therefore agree to the following terms:

- I understand that this is a voluntary position and I can discontinue serving as CDD at any time without fear of coercion or retribution.
- I shall commit myself to serve my community voluntarily and hope to benefit from the knowledge acquired through the training and the nobility of serving my community.
- I shall serve my community, which has selected me to be a CDD, by consistently and correctly assessing between 2 months and 5 years of age for malaria, pneumonia, diarrhoea, and severe acute malnutrition; and treating children with the medicines provided by my CDD Supervisor and the Malaria Consortium field team.
- I shall refer children that I cannot treat to the nearest PHCU/C or OTP site.
- I shall not sell or misuse the medicines and/or other supplies given to me to provide service to the community.
- I shall acquaint myself with and follow the CDD Code of Conduct annexed to this agreement, in order to make my work effective and ethically sound.
- I also agree that, Malaria Consortium shall provide me with _____ no later than _____ as shall be required for me to effectively and efficiently perform my tasks as a CDD.
- I agree not to ask for any payment or benefits from Malaria Consortium or its partners.

CDD Signature (*signature or thumb print*)

Date (*date of signing this agreement*)

CDD Supervisor signature

Date (*date of signing this agreement*)

Community Leader (Chief) Signature

Date (*date of signing this agreement*)

MC Representative Signature (*signature*)

Date (*date of signing this agreement*)

CDD Code of Conduct

Community Drug Distributors (CDDs) are selected to be trained in Integrated Community-based Case Management (ICCM) of malaria, pneumonia, diarrhoea, and severe acute malnutrition. After the completion of the ICCM training, CDDs are expected to serve their community while following certain ethical guidelines that are intended to make their service to the community effective and efficient.

These guidelines are known as the CDD Code of Conduct and they include:

- Serve the community with the highest possible quality health standards and be attentive to the health needs of the community.
- Continually seek to improve and develop knowledge and skills to deliver ICCM services.
- Promote the aim of ICCM to recognize and promptly treat children with malaria, pneumonia, diarrhoea and severe malnutrition between 2 months and 5 years of age.
- Refer children less than 2 months of age and those older than 5 years to the nearest PHCU/C for prompt care.
- Complete the *CDD Recording Form* after every sick child visit and never falsify information.
- Treat caregivers and sick children with compassion and respect and maintain confidentiality.
- Avoid quarrelling or arguing with a caregiver of a sick child.
- Never provide services beyond the ICCM tasks which have been trained and assigned to a CDD.
- Never ask any person who has not received a *Certificate of Competence* in ICCM to provide the services of ICCM.
- Never misuse the ICCM medicines and other supplies provided by Malaria Consortium.
- Never give medicines to any caregiver unless the child has been physically seen and assessed.
- Never perform any of the duties of a CDD under the influence of alcohol or other drug substances.
- Never use violence of any form.
- Do NOT practise nepotism, tribalism, favouritism, or any other form of discrimination in offering ICCM services to the community.
- Do NOT ask for favours (gifts) from the community such as property or sexual favours in return for ICCM services.
- Inform the community and the CDD Supervisor of any absences from the community.
- Ask the CDD Supervisor for help with any difficulty in the assessment, referral, treatment, or follow-up of sick children, or with the use or storage of medicines and supplies.

Participatory Training Methods

Brainstorming	Brainstorming generates ideas from a group and stimulates creative thinking. The facilitator poses a question and allows CDDs to call out answers. All ideas from the group should be recorded. You should be careful not to criticize or judge CDDs' contributions.
Case Studies	A case study is a written description of a hypothetical situation that is used for analysis and discussion. It is a detailed account of a real or hypothetical occurrence (or series of related events involving a problem) that CDDs might encounter in real life. It is analyzed and discussed. CDDs are often asked to arrive at a plan of action to solve the problem.
Demonstration	<p>A demonstration shows the skills needed to successfully perform a particular task or technique. The facilitator or a participant demonstrates the task, describing each step and explaining the skills needed and the reasons for performing it in a particular way. It is often followed by a practice session where the CDDs perform the activity under the supervision of the trainer. A demonstration helps to show exactly you expect CDDs to do.</p> <p>Before you conduct a demonstration, arrange the necessary equipment and practice the skill. Make sure everyone can see you.</p> <p>As you demonstrate, speak clearly and slowly, ask questions such as "What am I doing now?" or "What should happen next?" Ask CDDs to summarize the steps afterwards. Allow sufficient time for CDDs to practice in pairs or in small groups.</p>
Dividing CDDs in to Small Groups	<p>In order to get CDDs involved in activities and discussions, break them into small groups. This allows for physical activity, gets CDDs engaged and allows them to socialize with different groups of CDDs. You can divide the groups by counting, or by distributing different coloured objects, types of leaves, seeds, stones, bottle caps, or tapes of paper with group names.</p> <p>It is usually a good idea to assign a group leader to lead the group through the activity, and report the group's responses to the larger group.</p>
Drama	A drama differs from a role-play in that time is given to CDDs to develop a script and practice before presenting to the larger group. Dramas are useful activities for communicating values, lifestyles and attitudes.
Energizers	Energizers are designed to boost energy in a group of CDDs who have been sitting and listening for a long period of time. Energizers are short, about 2 to 4 minutes in length, and should include physical activity, laughter and diversion. CDDs should stand up and move around during an energizer. As a general rule, energizers should be chosen with sensitivity to the cultural, gender and religious norms of the group.
Group Norms	Establish group norms or ground rules at the beginning of a training session. Group norms are easier to enforce if the norms are suggested by the CDDs. Provide the CDDs with the rationale for group norms and then

	ask them to suggest their own. If needed, record the agreed norms on flipchart paper.
Guided Discussion	A guided discussion is designed to initiate and focus debates or to emphasize key learning points. Guided discussions can be conducted either in large or small groups. ICCM Facilitators should manage these discussions carefully, to ensure that time is not wasted on irrelevant points and that the discussion is not dominated by the more vocal CDDs. It is important to allow all CDDs to express opinions.
Icebreakers	Icebreakers are intended to “break the ice.” They should be designed so that CDDs get to know each other better. Icebreakers will help CDDs relax and get them talking to each other. Icebreakers are all about the audience. As the facilitator your role is to facilitate this process, not to talk about yourself.
Parking Lot	The term “parking lot” in training refers to a flipchart paper displayed which you can use to capture all questions for which you may not have an answer during a training session, or for questions you plan to answer in a future session. By “parking” a question in the “parking lot” tells the participant that their question is important and helps to remind you to answer it later. It is important to remember to review items in the parking lot at the end of the day. Alternatively you can use a “Question Box” to store questions until the time is to answer them is suitable.
Plenary	A plenary is when the entire group comes together to share ideas. As the facilitator it will be important to elicit participation from as many CDDs as possible. One of the easiest ways to get people involved is by asking for a show of hands if they agree or disagree. You can ask them to stand, stamp their feet or walk to either side of the room. Another way to get CDDs involved is to <u>ask questions</u> , and to encourage them to ask questions or to make comments in return. The group will look to you for guidance and instructions. Be prepared to give clear instructions, and to ask for feedback about how well you are doing.
Presentations	A presentation or lecture can convey information, theories or principles quickly and easily. Presentations can range from a lecture to some participant involvement through questions and discussion. Whenever possible, ask the CDDs questions to stimulate participation and focus their attention.
Reflective Learning	Reflective learning is a process in which the learner is asked to reflect introspectively on a particular experience and draw meaning from the experience. This process helps the learner to gain insight and understanding about themselves, their peer CDDs, their community, and their environment.
Review	Reviewing content reinforces important information and helps CDDs remember information and skills. Reviewing also helps the trainer to evaluate how well CDDs understand the material. To have fun and excitement with the learning process, consider using games to review content that you want the CDDs to remember.

Role-Play	<p>Role-playing allows CDDs to act out situations that they might encounter in real life. It helps CDDs to practice skills, solve problems and gain insights into attitudes, values and perception held by others. Role-plays are often improvised with instructions, guidelines, and roles provided by the trainer. If possible, a few props are recommended such as a clipboard, uniform, or name tag in order to help establish the scene. It is a good idea to debrief after a role-play and reflect on the experience.</p>
Room Set—up	<p>Design seating arrangements so that CDDs can make eye contact with each other. Make sure that CDDs are comfortable. Ensure that there is room so that demonstrations can be seen by all CDDs.</p>
Facilitator Body Language	<p>Use <u>eye contact</u> if it is appropriate in your culture. Making eye contact helps to establish a connection with your CDDs. It also helps to “read” your audience to see if they understand or are confused.</p> <p><u>Walk around the room</u> as you facilitate. Use gestures and movements to make a point. Walk towards CDDs as they respond to your questions or make comments. Your interest in their comments will encourage CDDs to continue to be involved.</p> <p><u>Show enthusiasm</u> and be passionate about the topic. Your energy and excitement will help keep the CDDs excited about the information that you are presenting.</p> <p>A small group discussion provides an opportunity for everybody to participate within a nonthreatening environment. Participating in larger groups can sometimes be intimidating. Small groups ideally should have 4 to 8 members to allow CDDs to share their experiences and ideas or to solve a problem together.</p>
Visual Aids	<p>Visual aids are important for communicating concepts and diagrams. Most people are visual learners. Pictures or drawings are very helpful for audiences with limited literacy. Visual aids provide colour and help with memory retention. There are many kinds of visual aids that can be used in a training setting. Some examples of visual aids you will use in ICCM Training are the <i>CDD Job Aid</i>, the referral triangles, caregiver treatment handouts, and respiratory beads and the <i>Instructional Pictures</i>.</p>
Picture Matching Game	<p>Use the <i>Instructional Pictures</i> and ask CDDs to match pictures of child’s age with symptoms, classification, referral and then with the correct medications. They can also use the pictures to understand the assessment process or the referral process by placing the pictures on the ground in the correct sequence.</p>
Flip charting	<p>Flipcharts provide an easy visual aid to capture words or pictures. Because of the low literacy rate in South Sudan, you will need to read aloud the content on any flipcharts slowly and more than once. When preparing flipcharts it is important to write clearly with large letters. Use blue or black marking pens (avoid using red as it is difficult to see). Use symbols, pictures and diagrams as much as possible. When reading a flipchart make sure it is visible, do not stand in front of the chart.</p>

Training Individuals with Low Literacy

It is important to note that some activities may need to be adapted for CDDs of varying learning abilities. In most counties in South Sudan there will be learners with low levels of literacy. Some CDDs may have left the education system early, or may not have attended school at all. Extra support should be given to learners who experience difficulties when reading and writing is involved. Greater use of the visual aids, fewer writing tasks, and wider use of the local language will enable learners of lower literacy to engage with the material and learn more effectively.

Useful tips for training learners with low literacy:

- Read all written information out loud and explain it.
- Repeat activity instructions several times.
- Pair CDDs with low literacy with others who can read.
- Plan for many small group activities where participants get to work together on shared tasks.
- Try to use as many teaching techniques as possible that require little or no reading.
- Establish a positive learning situation where lack of knowledge is acceptable and where questions are expected and valued. Participants need to be able to indicate when they do not understand and to feel comfortable asking for explanations of unfamiliar terms or concepts.
- Allow time for discussion is built into the class so participants have the opportunity to really understand.
- Allow time and frequent practice holding and using a pen or pencil when completing the *CDD Recording Form*.
- Provide an ink pad to place a thumb print instead of writing a name on the *Daily Training Attendance Register* and *CDD Recording Form*.

Caregiver Advice and Health Messages

Health Messages for Malaria

- You can only get malaria through the bite of an infected mosquito.
- Malaria frequently causes fever.
- Malaria can be treated and prevented.
- You should seek treatment of fever for your child as soon as possible.
- Sleep under a long lasting insecticide treated net (LLIN)—mosquito net—from the time the sun goes down at night until the time the sun comes up in the morning
- Wear clothes that can cover your legs and hands at night.

Health Messages for Pneumonia

- Pneumonia can be prevented.
- Keep babies warm when it is cold.
- Keep babies and children away from smoky or overcrowded rooms.
- Cook in a well ventilated area
- Breastfeed children for 2 years or more.
- Feed your child on only breast milk for the first 6 month of life.
- Take your children for immunization according the national vaccination schedule.
- Wash hands with soap and water or ash.
- Give your children nutritious foods to eat such as fruits, green vegetables, meats, bread and milk.

Health Messages for Diarrhoea

- Diarrhoea can kill children.
- Breastfeed more frequently when a baby has diarrhoea.
- Give more fluids to children with diarrhoea.
- Giving oral rehydration salts solution can strengthen a child and reduce the risk of death from diarrhoea.
- Prevent diarrhoea by disposing of all faeces in a latrine or toilet, or by burying.
- Wash hands with soap and water or ash:
 - before preparing or handling food

- before eating or feeding a child
- after using the toilet, latrine or changing a child who has defecated
- before and after taking care of someone who is sick
- after touching sick or dead animals
- Use safe water for drinking and food preparation.
 - Do not drink water from any source directly without treating it.
 - Safe water can be made unsafe if carried in dirty containers or stored in dirty containers or left uncovered in clean containers
 - Protect water from contamination by covering water storage containers and keeping animals away.
- If safe water is not available, treat at home by boiling, exposing it to direct sunlight for not less than 6 hours, or using water purification tablets
- Cook food well and protect it from flies.
- Cover stored food.
- Use clean eating utensils.
- Keep the household clean and dispose of rubbish by burning or burying.

Health Messages for Severe Acute Malnutrition

- Breastfeed your children for 2 years or more.
- Feed your child on only breast milk for the first 6 months of life.
- The first breast milk after birth protects the baby from infections. It should be given to the baby and NOT be discarded.
- Breast milk is always clean, the right temperature, and easy for babies to digest.
- Breast milk protects babies against infections and dehydration.
- Continue feeding a child even if they are sick.
- Give children a variety of nutritious foods to eat including milk, meat, porridge, fruits and vegetables.

Caregiver Treatment Advice

- Finish all of the treatment even if the child seems to be better.
- Go immediately to the PHCU/C if the child:
 - Is not able to drink or breastfeed
 - Becomes worse
 - Has a danger sign

- Does not get better
- Give the child extra fluids:
 - More breastfeeding
 - Give more drinks
- Keep feeding the child:
 - Continue breastfeeding
 - Encourage the child to eat
- Keep all medicines out of the reach of children.
- Store medicines in a dry and dark place.
- Store medicines away from mice and insects.
- Do not share medicines.

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